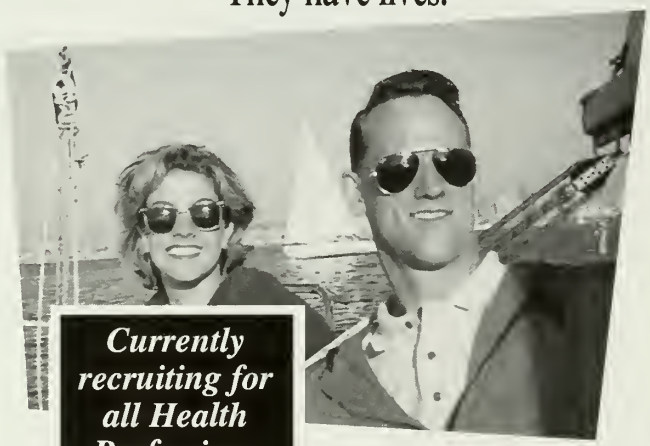
MEDICAL COLLEGE OF GEORGIA

TODAY

Volume 28, Number 2 Winter 2000

Our health care team members don't just save lives. They have lives.



The Navy Medical Corps is more than a practice, it's a way of life. You can find personal and professional fulfillment - enjoying precious family time with free evenings and weekends, and 30 days of vacation with pay earned every year. And take your career places working at renowned hospitals in the U.S. or overseas locations such as Spain or Italy ... or performing cutting-edge research with leading Navy professionals. For more information, call:

NAVY
LET THE JOURNEY BEGIN.

1-800-622-1404
Visit our website:
www.NAVYTEAM.com

Advertising Directory

Aquinas High School 8
Augusta Preparatory Day School . 8
Charles Schwab 9
Episcopal Day School. 13
Open MRI of Georgia . . *Back cover*
Richard Ret . . . . . *This page*
Robinson-Humphrey 7
Simple Computer Solutions. *This page*
US Navy . . . . . *This page*
Westminster Schools of Augusta. 13

To advertise in

MEDICAL COLLEGE OF GEORGIA

TODAY

Contact Augusta Magazine, (706) 722-5833

My Bride may be the Doctor, but I make the House Calls!

Call Real Estate's TOP GUN!

Richard Ret

(706) 868-1000
(800) 755-3632

BLANCHARD & CALHOUN
Since 1919

www.augustahouses.com

Economical & Efficient Software

by top notch tech support

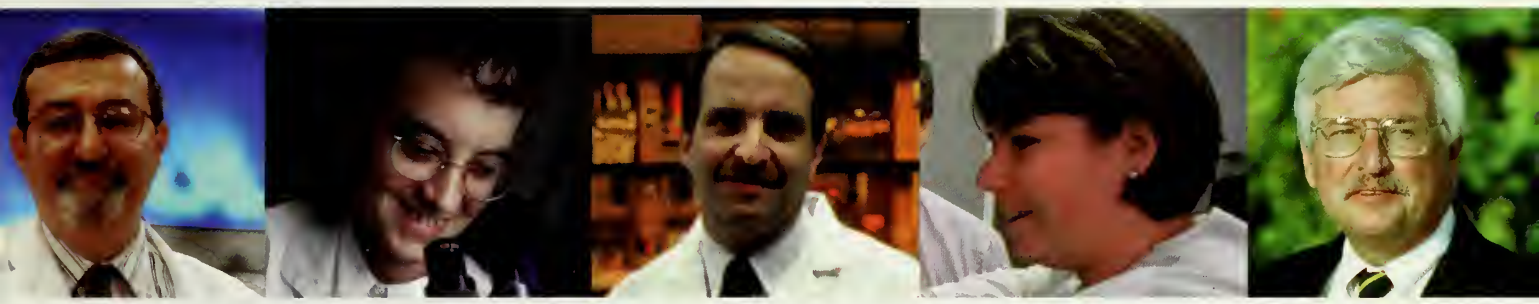
MEDISOFT
Advanced Patient Accounting

accounting is SIMPLER • practice management is MORE EFFECTIVE • insurance billing is FAST and ACCURATE • EASY to LEARN and USE • managed care is made MANAGEABLE

SIMPLE COMPUTER SOLUTIONS (706) 261-6917

MEDICAL COLLEGE OF GEORGIA

TODAY



What do you see when you peer into a baby's face, other than chubby cheeks and button noses? Medical College of Georgia School of Nursing research has tapped into the world of secret signals babies use to communicate with their mothers, often via their expressions. This edition of *Medical College of Georgia Today* describes just how important this communication is to the bonding process.

There are no secret signals in U.S. Medical Licensure Examinations, but that doesn't make the tests any less maddening for medical students. We invite you to learn how MCG students cope with the ultimate test of nerves. And read about one test-taker in particular: artist/medical student Marti Haykin. The licensure test was no day at the beach for Marti, but this remarkably talented young woman has seldom walked away from a challenge.

Yet another member of the MCG family who thrives on challenge is Dr. Paul Stanton, a School of Medicine alumnus and president of East Tennessee State University. The surgical suite prepared him well for his unflappable approach to academia. Meet him in this edition of *MCG Today.*

Also included in this edition of the magazine is an update on MCG's efforts to ensure ample clinical experience for its students. As MCG President Francis J. Tedesco points out in his State of the University Address, every decision is firmly rooted in the best interests of MCG's most valuable asset: its students.

At a Glance 2
New treatments for sickle cell pain and pediatric cancers are among the items making news at the Medical College of Georgia.

Critical Steps 4
The Medical College of Georgia is making the tough calls needed to optimize its clinical, educational and research missions.

Retooling for the 21st Century 6
MCG President Francis J. Tedesco reflects on the future of the university.

Baby Face 10
Nursing research is studying the importance of facial expressions to the mother-infant bond.

Stress Test 14
Take a peek at a place where only the bravest dare to tread: the MCG School of Medicine testing site for national licensure.

Stopping to Smell the Roses 18
Dr. Paul Stanton (School of Medicine, '69) has a full plate as president of East Tennessee State University, but he's never too busy to forget what's important in life.

The Fitness Factor 20
MCG's new wellness center will soon be a reality.

Plan Your Giving 21
Charitable gifts of life insurance.

AlumNews 22
News from MCG's five alumni associations.

MCG President: *Francis J. Tedesco, M.D.*
Executive Editor: *James B. Osborne, Ed.D.*
Director of Marketing and Public Relations: *Dale Crail*
Editor: *Christine Hurley Deriso*
Art Director: *Brent D. Burch*
Photographer: *Phil Jones*

©2000, Medical College of Georgia. The Medical College of Georgia is the states' health sciences university. Focusing on health care education, research and patient care, the Augusta-based institution consists of MCG Hospital, more than 80 support clinics, statewide outreach programs and the Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing.

Medical College of Georgia Today is sponsored by grants from MCG Foundation, Inc. and the MCG School of Medicine Alumni Association. It is produced by the Division of Institutional Relations; Medical College of Georgia; Augusta, Georgia 30912. Advertising inquiries should be directed to *Augusta Magazine,* (706) 722–5833, P. O. Box 1405, Augusta, Georgia 30903. Published quarterly, *MCG Today* is furnished to alumni and friends of MCG without charge. The appearance of advertisements in this publication does not constitute an endorsement by the Medical College of Georgia of the products or services advertised.

AT A GLANCE

Pinpointing Pain

Whether a drug that lubricates the surfaces of red blood cells and blood vessels can alleviate the pain of a sickle cell crisis is under investigation at the Medical College of Georgia Comprehensive Sickle Cell Center.

MCG is one of 40 centers nationwide evaluating the effectiveness of FLOCOR–a drug used to treat heart attacks–in reducing the pain that results when blood flow is restricted by sickle-shaped red blood cells sticking to each other and to blood vessel walls.

A sickle cell crisis results from extensive blood deprivation to the arms, legs, organs, bones and bone marrow, said Dr. Abdullah Kutlar, hematologist/oncologist and director of MCG's Comprehensive Sickle Cell Center. Crises also can be precipitated by such events as illness, emotional stress or a change in weather which affects the tone of the blood vessels.

"This is not just a painful nuisance. Long-term studies show that those with more frequent pain have more organ damage and die at an earlier age," Dr. Kutlar said. Symptoms are treated with pain medication.

FLOCOR is given intravenously for 48 hours, during which time patients are monitored closely in MCG Hospital and pain levels recorded. Studies also are done to determine how long FLOCOR stays active in the body. Another sub-study is looking at the drug's use in acute chest syndrome, a combination of infection and sickling in the lungs of sickle cell patients, which can destroy both lungs.

New Cancer Program

Dr. Shafqat Shah, a pediatric hematologist-oncologist, has implemented a new stem and bone marrow transplant program at the Children's Medical Center.

Potential transplant candidates include children with almost any type of cancer that resists standard treatment, recurs or spreads. Typically only extremely high doses of chemotherapy or radiation will destroy these cancers, but at the price of destroying bone marrow. "But if you can give that treatment, eradicate all the last tumor cells then rescue the patient by giving stem cells, you may be able to cure a patient," Dr. Shah said.

Bone marrow produces blood components. Stem cells, the 'mother' cells of bone marrow, are found in the marrow and circulating in the blood. The aim of either a stem cell or bone marrow transplant is to provide a fresh supply of stem cells to repopulate the bone marrow.

With an autologous transplant, a child's own bone marrow or stem cells are retrieved before high doses of chemotherapy or radiation are given. Afterward, the child gets the marrow or stem cells back intravenously. Other times a sibling, other relative or a donor who is simply a good genetic match is used.

Battling Back Pain

The Medical College of Georgia is one of several U.S. sites studying whether botulinum toxin, a bacterium that weakens muscles, can ease back pain resulting from excessive muscle contraction.

"When you want to move a muscle, [the body fires] a motor neuron. That signal travels to the end of an axon terminal, releasing a neurotransmitter that allows the muscle to contract," said Dr. Michael H. Rivner, director of the MCG electromyography laboratory. Botulinum targets axon terminals, interrupting this normal contraction process.

HPV Vaccine Tested

The Medical College of Georgia is testing a vaccine against human papilloma virus, a common sexually transmitted disease that is a major risk factor for cervical cancer.

The vaccine–developed by the Merck Research Laboratories and CSL, an Australian biotech company–is being studied nationwide in a three-year trial in young, healthy women who do not have HPV and have had only normal Pap smears.

About 70 types of HPV exist and are a common cause of genital warts, said Dr. Daron G. Ferris, MCG principal investigator on the vaccine study funded by Merck.

The new vaccine is for HPV 16, the most common of some 20 types of the virus that raise the risk of cervical cancer. "If we can prevent women from getting infected with HPV 16 and other oncogenic HPV types, [we'll have] the first vaccine to prevent cancer of the lower genital tract," Dr. Ferris said.

Less-Invasive Treatment

A technique that targets the "sentinel" lymph node to which breast cancer is most likely to spread may give women the option of having less tissue removed from under their arm, reducing the discomfort and disability that often follows surgery.

Standard breast cancer surgery includes removing nearby lymph nodes under the arm to check for cancer, said Dr. Rory R. Dalton, chief of the surgical oncology service at the Medical College of Georgia. But only about 30 percent have cancer that has spread to the nodes. Those 30 percent of women must know it has spread to help determine treatment, Dr. Dalton said. But now doctors may identify those women by applying techniques developed for melanoma.

Since skin and breast lymph nodes are easy to access, surgeons can inject a radioactive substance in the tissue near the tumor in the breast or the melanoma. They watch with a camera as the substance moves to the lymphatic system, the same path a spreading tumor would take. They then use a hand-held probe to determine the radioactive substance's first stop. There they make a small incision and take out just that lymph node, rather than the 15 to 30 that are routinely removed. "[That node is] the guard at the gate of all the other lymph nodes. That is the node most likely to have tumor in it if the cancer has spread from the main tumor and through the lymphatics," Dr. Dalton said. So surgeons remove the sentinel lymph node and pathologists check it for tumor cells.

As part of the continued evaluation of the new biopsy approach, MCG is participating in a study protocol sponsored by the University of Louisville in which women who have the biopsy procedure also have the more standard dissection. About 1,000 women nationwide will participate in the study in which the findings of biopsy and dissection can be directly compared by looking at the results of both in the same woman.

CRITICAL STEPS

Peggy O'Leary Seigler

The Medical College of Georgia and the University System of Georgia Board of Regents have taken critical steps this year to optimize MCG's efforts in health sciences education, research and patient care.

MCG Hospital and Clinics, along with other teaching hospitals nationwide, have suffered a well-documented decrease in resources stemming from reduced federal and third-party reimbursement. The shortfall is expected to grow considerably within a few years. The Board of Regents has approved actions requested by MCG President Francis J. Tedesco to address MCG Hospital and Clinics' immediate deficit—an estimated $22 million in fiscal 2000—through cost reduction, increased hospital fees (still the lowest in the region) and an early-retirement option for MCG employees which results in savings to the institution without adding costs to the Teachers Retirement System. These steps, when fully implemented, along with a one-time increase in indigent-care trust funds recently authorized by Georgia Gov. Roy Barnes, will help reduce the immediate deficit. Additionally, the Board of Regents is requesting $5 million in the fiscal 2000 supplemental budget to help alleviate the problem.

However, because the same circumstances creating the fiscal 2000 shortfall will cause additional serious shortfalls in the next two years and beyond, other long-term steps are necessary. These steps will enable MCG Hospital and Clinics to partner and collaborate with regional and state health care providers to ensure a patient base that sustains MCG's educational, research and clinical missions.

The Board of Regents has authorized MCG Health, Inc., a 501(C) (3) not-for-profit entity created solely to support MCG's educational, research and patient care missions. Its board consists of regents, MCG officials and community members. Over the last year, Don Snell, president and chief executive officer of MCG Health, Inc., has thoroughly assessed the local, regional and statewide health services environment and MCG Hospital and Clinics' financial status. "Unless MCG Hospital and Clinics is able to restructure and assemble a new health system, it is going to face increasing financial difficulties," said Mr. Snell.

The MCG Health, Inc. board on Oct. 12 approved Mr. Snell's plan to create an integrated delivery system. Under the plan, MCG Hospital and Clinics (including MCG Hospital, the Children's Medical Center, Georgia Radiation Therapy Center and Georgia War Veterans Nursing Home) will be managed by MCG Health, Inc., which will operate as a cooperative organization under the Board of Regents.

The Physicians Practice Group, MCG's School of Medicine faculty practice group, will continue to operate as a separate entity. "We agree with the direction in which MCG Health, Inc. is going," said Dr. Curt Steinhart, PPG president and MCG Health, Inc. board member. "The faculty is fully behind it. It is the best vehicle to accomplish the tripartite mission of the Medical College of Georgia."

The plan calls for revising the current management structure and recruiting and developing a new management team. Team members will include a chief financial officer, chief medical officer, chief information officer, vice president for human resources and vice president for strategic support.

Don Snell

The Board of Regents and MCG Health, Inc. are developing final agreements for managing and operating MCG Hospital and Clinics. "Under the agreements, all hospital and clinic facilities will remain under Board of Regents ownership and will operate under lease arrangements with MCG Health, Inc.," said Mr. Snell. Patient fees and other revenues supporting MCG Hospital and Clinics will continue that support under a contract between MCG Health, Inc. and the Board of Regents. MCG employees with an investment in the Teachers Retirement System can remain MCG employees if they choose, but will provide services under contract with MCG Health, Inc. "The management and operation of the hospitals and clinics will, by agreement, maximize education and research activities of the MCG faculty and students," said Mr. Snell.

The master affiliation agreement between the Board of Regents and MCG Health, Inc. should be complete and presented to the Board of Regents for action by Jan. 12, according to Mr. Snell. He plans to fully implement the plan by July 1, the beginning of the next fiscal year.

Even after aggressively managing attrition and early retirement, MCG Health, Inc. will likely face management and workforce reductions, according to Mr. Snell. Savings generated by the early-retirement program, approved by the Board of Regents in August, will depend on how many of MCG's 757 eligible employees opt to retire and on how many of their positions must be refilled. If 50 percent of those eligible sign up for early retirement and 40 percent of their positions are refilled, the savings would be $9.1 million in the first year of the program's implementation, said MCG President Francis J. Tedesco. Cumulative savings of $130 million could be realized over a 10-year period.

A plan for staggering departures and criteria for replacing necessary positions is being monitored by an MCG committee headed by the vice presidents for fiscal affairs, academic affairs and business operations. The Board of Regents also will review the process. Only positions essential to operations will be replaced.

To further control costs, MCG Health, Inc. plans to renegotiate the purchase of many campus services. Some campus services provided to the MCG Hospital and Clinics may be eliminated; others may be reduced. MCG Health, Inc. will also provide some services back to the campus.

The plan calls for a continuum of care with an expanded primary-care network, development of sub-acute care units, exploration of a pulmonary unit, improved home health relationships and improved hospice relationships. The system also plans to explore the development of clinical centers of excellence in pediatrics, women's health, cardiovascular services, cancer, neurosciences, musculoskeletal health, occupational medicine and gerontology. Another goal is installing enterprise-wide information systems.

The plan also calls for better indigent-care management. "The public does not realize what a financial burden uncompensated care is for our hospital," said Mr. Snell. The plan will continue a public education campaign, ask for increased state support and provide more efficient care delivery and work with the state to develop a statewide approach to the increasing problem.

MCG Health, Inc. Board

Mr. Thomas F. Allgood Sr., Chairman
(Regent)

Mr. Tom J. Coleman Jr.
(Regent)

Mr. Charles H. Jones
(Regent)

Mr. Donald M. Leebern Jr.
(Regent)

Dr. Lindsay A. Desrochers
(Chancellor appointee)

Mr. D. Douglas Barnard Jr.
(community member)

Dr. George Gowder
(community member)

Dr. Julius Scott
(community member)

Dr. Francis J. Tedesco
(Medical College of Georgia)

Dr. Darrell G. Kirch
(Medical College of Georgia)

Dr. Curt N. Steinhart
(Medical College of Georgia)

Mr. Don Snell
(ex officio)

Ms. Patricia Sodomka
(ex officio)

Mr. Thomas Kelly Jr.
(ex officio)

To contact MCG Health, Inc.:

Telephone: (706) 721-6804

Web site: www.mcg.edu/news/transition

E-mail: transition@mail.mcg.edu

STATE OF THE UNIVERSITY ADDRESS

Retooling for the 21st Century

Dr. Francis J. Tedesco
President, Medical College of Georgia

With less than six weeks until our last December 31 of the 1900s, I'm sure we've all heard our fair share of "year 2000-isms." So I promise not to use clichés such as "paradigm shift" or "new millennium" anywhere in this speech. I would, however, like to talk about retooling for the 21st century. I admit that comes dangerously close to cliché.

Each year, the State of the University Address is my opportunity to give an account of our stewardship of MCG and to renew our vision for the future. So I'd like to begin by posing two questions: Why are we here? And how are we doing?

As articulated in our mission statement, we're here to provide outstanding educational programs for health professionals, biomedical scientists and educators at the undergraduate, graduate and postgraduate levels. We're here to provide a high-quality, state-of-the-art health care system and to encourage, test and improve access through the use of innovations in health care delivery. And we're here to be a leading center of excellence in research through the generation and application of biomedical knowledge and technology to human health and disease.

How are we doing? That's the more difficult of the two questions. We're near the conclusion of our SACS institutional self-study process, which involved more than 200 members of the MCG community. Occurring once every 10 years, the self-study process provides the opportunity for us to review and analyze the academic, research, clinical and administrative functions of the institution in our effort to continuously enhance the effectiveness of our operations. Never an easy task, this assessment took place during a period of significant change for our institution and academic health centers in general.

One of the synonyms for change is evolution. Another is renewal. Regeneration. Innovation. Whatever word we choose, change can be unsettling and discomforting. Nonetheless, the self-study committees and working groups, under the guidance of the steering committee, conducted a thorough

assessment of the campus. While we identified areas that need some work, we're very much anticipating the visit of our Reaffirmation of Accreditation team in late February.

One of the most tangible manifestations of change on our campus today is early retirement.

As you know, MCG, as an academic health center, is facing a financial crisis which is expected to continue into future years. Academic medical centers across this country are experiencing declining patient volumes and patient care revenues.

The Federal Balanced Budget Act and managed care's reduction in reimbursement to teaching hospitals has placed financial strains on our institution.

After careful review, I recommended the early-retirement plan to the Board of Regents because I believe that of the options available for downsizing the workforce, this has the least negative effect on our MCG family. The Internal Revenue Service is considering the plan, and we should have a decision early next year.

What are the drawbacks of offering early retirement to address a budget shortfall? Surely the loss of a tremendous amount of institutional memory and intellectual talent will be felt for a time. And those that remain at the institution will have to do the same amount of work with fewer colleagues to assist them. But I contend that these drawbacks also present an opportunity ...an opportunity for us to create a more contemporary, more efficient institution ...an opportunity for us to truly change, in positive and innovative ways, how we educate our students, conduct research and provide care to our patients.

Since MCG's inception in 1828, we've educated more than 25,000 physicians, dentists, nurses, biomedical scientists and allied health professionals. Today, we're admitting the highest-caliber students in the institution's history.

We didn't emerge as one of the nation's oldest medical schools by buckling to challenges. Look at our history. We survived a four-year closure during the War Between the States. We survived Flexner's 1909 report on medical education. We survived the Depression, when the nationwide financial crisis prompted a regents' decision to close the medical school. And we'll survive this.

We'll continue to devise ways to combat these financial problems. We have received a one-time $12.9 million dollar grant from the state to help offset the immediate budget deficit.

This grant was one in a number that was awarded to public hospitals throughout the state that had not been fully reimbursed for what they had spent on indigent care.

In addition, in the upcoming supplemental budget process, the Board of Regents has proposed a $5 million item to help offset the hospital's fiscal 2000 shortfall.

So let's not become paralyzed by this issue, one that is actively being addressed, when we have so many good things to celebrate.

You'll be glad to hear about our new callable CD

7.67%

Annual Percentage Yield (APY)* Callable Certificates of Deposit

- FDIC insured to $100,000 per depositor, per institution**
- Interest paid semi-annually
- Final Maturity in 15 year - 08/19/14
- Non-callable for 2 years
- Callable thereafter @ 100 par

Call

Jerry Rogers, 2nd VP Investments
or
Rick Cundey, 2nd VP Investments
706-724-2601 • 1-800-241-2401

Robinson-Humphrey
A Subsidiary of Salomon Smith Barney

One Tenth Street
Augusta, GA 30901

The CD is non-callable for the first two years, and then can be called every six months thereafter by the issuing bank. The final stated maturity is 08/19/14. Minimum deposit $1,000, Subject to change and availability. Although we are not required to do so, we endeavor to provide a secondary market so that the principal amount invested. (APY as of 08/19/14).
*APY interest cannot remain on deposit in the same CD; Interest will be paid semi-annually.
**FDIC insurance covers a maximum amount of $100,000 per depositor, per institution (including principal and interest combined) in each insurable capacity.

Saloman Smith Barney is a service mark of Saloman Smith Barney Inc.

1999 Smith Barney Inc. Member SIPC

A Member of Citigroup

Augusta Preparatory Day School

A Community of Learners

- Safe, nurturing environment with beautiful, new facilities
- 100% College attendance • Outstanding faculty
- 25% of the class of 2000 received National Merit recognition
- One of eight schools in Georgia selected as a *Cum Laude* school

3 ½ years - Grade 12

Accepting Applications for the 2000-2001 school year

706.863.1906 **apds.com**

APDS practices a non-discriminatory admissions policy.

AQUINAS HIGH SCHOOL

"Charting the Course for 2000"

Preserving our Past...Securing our Future...

"CSRA'S only Catholic High School"

Spiritually and academically prepared.

Financial Aid & Scholarships available

Aquinas High School
1920 Highland Avenue
Augusta, GA 30904
(706) 736-5516 • Fax: (706) 736-2678
E mail address: aquinas@gabn.net
Web Page: www.gabn.net/aquinas

Since MCG's inception in 1828, we've educated more than 25,000 physicians, dentists, nurses, biomedical scientists and allied health professionals. Today, we're admitting the highest-caliber students in the institution's history. And our students are being taught by outstanding faculty. You are a talented, motivated group.

Since 1988, the institution has invested more than $300 million on new construction and major renovation: the Ambulatory-Specialized Care Center, the children's hospital, our multidisciplinary research building, the Sports Medicine Center, to name a few. A $35 million nursing and allied health education building is on the state of Georgia's capital priority list. We're also building a 42,000-square-foot wellness center for students and faculty.

Foundation assets have topped $100 million—a tenfold increase since 1988. And, since 1990, we've established over 20 endowed chairs, representing each of our five schools.

As a research university, we have made significant and historic contributions to the body of science.

MCG researchers have conducted research that led to breakthroughs such as fertility pills, birth control pills and beta-blocking drugs. This year, our sponsored awards surpassed $28 million in direct and indirect costs. Our sickle cell program is world renowned.

And in the biomedical sciences, researchers in our Institute of Molecular Medicine and Genetics recently identified the mechanism that enables a fetus to avoid rejection by the mother's immune system. This finding may lead to new treatments to combat infectious diseases and better immunosuppressive therapy for transplant patients. The Vascular Biology Center is gaining increased understanding of the many functions of nitrous oxide, including its role in relaxing blood vessels. These biomedical research strengths are the foundation of an exciting new initiative designed to link the expertise and resources of university system institutions.

The regents' fiscal 2001 budget proposal includes $4 million for a biomedical sciences collaboration between the University of Georgia and MCG. By combining the expertise of faculty at both institutions, Georgia can become more competitive for federal support. This collaboration is the first phase in creating a statewide Biomedical Services Network, which draws on and leverages university system resources for recognizing, treating, curing and preventing human disease.

A change. A different approach. Retooling for the 21st century.

The Georgia Research Alliance—a strategic partnership of Georgia's research universities, business community and state government—recently earmarked funding for completion of the second phase of our research building in its proposed budget. And with our new vice president for research in place to oversee these research developments, great things are in store for us. One of Dr. Kluger's initiatives is to improve MCG's technology transfer program—

the ability to move our research from laboratory or bedside to the private sector. We've already had success in this area with our telemedicine program. You'll recall we partnered with Georgia Tech and the telecommunications industry and successfully marketed the electronic house call system to the commercial sector.

Another example of technology transfer is the activity of former faculty member Dr. Larry Hendry. While working at MCG, he developed computerized blueprints that are used to rapidly and accurately determine a drug's function in living cells. This work led to the formation of Pharmacogenetics, Inc., in Augusta in 1997, and the next year led to the creation of Accelerated Pharmaceuticals, Inc., also located in Augusta. With six employees, this company is actively involved in drug development and testing, utilizing the technology developed and patented at MCG. In light of our formalized collaboration with UGA, expect to see tremendous growth in our activities in this area also.

Another change. Another different approach. And what of the way we deliver health care?

Last year during this address, I spoke at length about adapting to a changing health care environment. I talked of approaches that many of our peers have employed to recreate themselves, to retool for the 21st century. Here on our campus, we're moving closer to the operation of our hospital and clinics under MCG Health, Inc.

Without the restrictions of operating as an arm of a public institution, the hospital will be free to adopt business practices that are more in line with those used by our competitors in the health care marketplace.

"Competition?" I know that's not one of the "C" words we usually employ in academia. We speak of collegiality, cooperation and collaboration. But, simply put, we have been locked in a serious competition for patients. As president of MCG, Georgia's health sciences university, my charge is to ensure that we have access to the volume and mix of patients we need to meet the clinical education needs of our students. So I welcome this change.

Worldwide, people are faced with philosophical, political, social, economic and technological change. Concern about the use of resources, financial and otherwise, is rampant. Cost containment and increased accountability are pressures felt by many. As members of the MCG community, we are neither alone nor unique in our struggle to adapt to challenges and change.

I won't say we must work smarter. Or harder. But we'll probably have to do both.

I applaud your efforts to position MCG as a leader among academic health centers. I will, however, remind us that we must work together, confidently and creatively, to reshape our university to be a model of excellence today, tomorrow and into the 21st century.

M. C. G. EMPLOYEES

YOUR COMPANY RETIREMENT PLAN MAY BE THE MOST MONEY YOU EVER GET. NOW GET IT WORKING.

Roll over your distribution directly into a Schwab No-Annual-Fee IRA* and we'll help you put 100% of your retirement savings to work for you.

We have informative materials, easy-to-use investment software, and services that can help you determine the best way to preserve and increase your hard-earned company retirement plan distribution.

Come to Schwab for more choices, lower prices and friendly, personal service. Our representatives are on salary, not commission, so you won't feel any sales pressure. We want to help you become an interested and informed investor. So talk to Schwab.

Charles Schwab & Co., Inc.
2743 Perimeter Parkway
Building 200, Suite 111
Augusta, GA

Please call for a
free consultation:
(706) 228-4446

*Assets must reach $10,000 by September 15, 2000 to qualify. Set-up and maintenance fees for certain assets such as limited partnerships and promissory notes still apply.

www.schwab.com Charles Schwab

©1999 Charles Schwab & Co., Inc. Member SIPC/NYSE (11/99)

Baby Face

Christine Hurley Deriso

"I looked into my newborn's eyes and saw peace and contentment. His look was one of assurance that all of his needs would be met."

—Cecilia Floyd, mother of three

"My baby has the most serious expression on her face when she drinks her bottle, but every once in a while, she'll give me the most beautiful smile between gulps. It's like she's giving me a present I love getting those smiles, and she knows it."

—Dana Barlett, mother of two

"My baby loves to play, but I always know when he's ready to stop. He'll look away from me and flutter his eyelashes to let me know, 'I need a little space right now, Mom.'"

—Lynn Barnes, mother of one

"When Beth was just a few months old, she clicked her tongue one time right before I gave her a bottle. After that, she clicked her tongue whenever she was hungry. It was our secret signal."

—Anne Cook, mother of three

Arched brows. Pursed mouth. Wrinkled nose. Searching eyes. Fluttering lashes. Delighted smile. Clicking tongue. It's the unspoken language of infancy, a wondrous world of secret signals designed to communicate with Mom.

But what if Mom can't crack the code?

Nursing research at the Medical College of Georgia indicates that some mothers—despite their love for their children—can't quite connect with their newborns. Babies' limited forms of communication seem maddeningly mystifying to these mothers.

Dr. Maureen Killeen, professor in the Medical College of Georgia Department of Mental Health/Psychiatric Nursing, wondered if this confusion hinders mothers' ability to meet their babies' needs, creating a cycle of frustration for both. "Research documents that depressed people have difficulty recognizing facial expressions conveying emotion," she said. "I started to think that the effects of postpartum depression on mother-infant interaction might be due to not recognizing babies' signals."

Dr. Killeen notes that facial expressions are universal; whether people are from Cincinnati, Siberia or the Sahara desert, they express surprise, delight, disgust or dismay on their faces the same way. Yet mental illness or distress impedes the ability to read these expressions. Depressed people don't read expressions well; schizophrenics do an even worse job. Dr. Killeen decided to assess pregnant women's ability to read facial expressions, then retest them after giving birth, theorizing the findings might help health care providers predict mothers at high risk for impaired mother-infant interaction.

When she and her colleagues began her research two years ago, they sought out depressed pregnant women at the Athens Regional Medical Center Nurse Midwifery Clinic in Athens, Ga. Many patients at the center are low-income, and poverty and depression often go hand in hand, Dr. Killeen said. "We felt we would have a good chance of finding depressed women there," she said. "That has been the case."

"It was a good cross-section of the population," said Anne Desmond, assistant professor in the Department of Parent-Child Nursing. "The clinic has a variety of clients, including professional women, but most are low-income, and lots of races and ethnicities are represented."

Patients at the clinic were asked to fill out a questionnaire assessing depression and overall health, including use of medications or illegal drugs. Also included were questions about demographics and experience with children. "We tested 68 women, and 34 percent of them had at least mild symptoms of depression," Dr. Killeen said. "Twenty percent were severely depressed."

To ensure the validity of their results, the researchers followed up with yet another questionnaire—this one designed specifically to assess depression during pregnancy. "The results correlated very highly; they almost completely overlapped," Dr. Killeen said.

She and her colleagues then interviewed the depressed women—an important step in determining long-term mental health, she said. "Brief questionnaires focus on the present," said Dr. Gerald Bennett, associate professor in the Department of Mental Health/Psychiatric Nursing. "In-depth, structured interviews tend to give insight consistent with questionnaires regarding the present as well as a history of past depression that may not show up on a questionnaire. It provides a much bigger picture. We found a more extensive past history of mood disorder than we anticipated."

The interviews also uncovered information that doesn't lend itself to pencil and paper. "Non-verbal behavior, for instance, may be significant," Dr. Bennett said. "It may suggest depression regardless of answers to questions. But generally speaking, the non-verbal information we obtained was quite consistent with what we were told."

Depressed respondents were asked to look at a series of adult and infant facial photographs and identify the expressions. Non-depressed pregnant women also interpreted the photographs so their results could be compared to those of the depressed participants.

Furrowed brows, narrowed eyes and set jaw, for instance, universally signal anger. Raised brows, widened, frightened eyes and dropped jaw suggest fear and alarm. Did depressed women decipher these non-verbal cues less accurately than their non-depressed counterparts?

"We hypothesized that depressed women would score lower on facial-recognition tests," Dr. Killeen said. "What we found is that the women scored lower on recognition of infant expressions. About half the time, they guessed correctly, and half the time, they didn't." They were particularly ineffective in identifying negative expressions.

Does the inability to correctly read babies' facial expressions predict impaired mother-infant interaction? The researchers are re-interviewing both the depressed and non-depressed participants after giving birth and videotaping them feeding their infants. Some generalizations are already emerging. "If we fear for a baby's welfare, we're required to report it," Dr. Killeen said. "So far, we haven't had to do that. But the videotapes do cause us some concern. We look for signals such as eye contact, contingent responding and cooing while the mothers are feeding their babies. We're seeing some difficulty [among the mothers who inaccurately interpreted infant expressions during pregnancy]; for instance, some of the mothers seem very inattentive. They don't seem to be clicking with their babies."

Conversely, mothers adept at reading babies' facial expressions interacted with their newborns in ways that enhance emotional and intellectual development.

Dr. Killeen noted that babies are by no means passive bystanders in the bonding process. "The babies are active players in their interactions with their moms," she said. "Infants who displayed clearer cues and who were more responsive to their mothers had mothers who were more sensitive to infant cues."

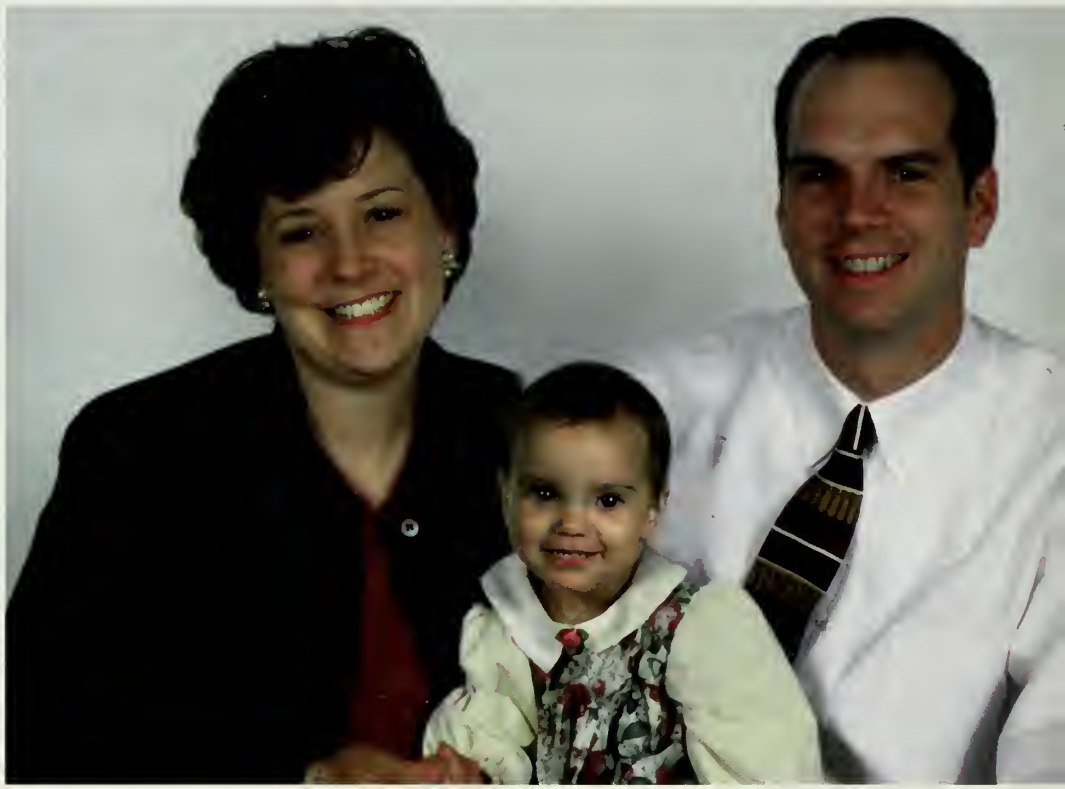
The research begs a basic question: If mothers can't adequately read their babies' signals, can the skill be taught? "If it's determined that lack of experience with babies accounts for the problem, that can be helped," Dr. Killeen said. "But a lot of evidence converges to show this is not just a social or experiential problem but a physiological problem. The data are mixed about whether medication would help."

But hope abounds. For instance, medical science is making great strides in helping people such as stroke victims overcome and/or compensate for brain damage. Such advances suggest that brain disorders—including depression—are becoming increasingly treatable.

Although many questions remain, it seems clear that the mother-baby connection is vital—yet potentially vulnerable. Helping mothers and babies speak the same language, Dr. Killeen said, might well reap benefits that last a lifetime.

"Can mothers be taught to be more attuned to their babies' signals?" Dr. Killeen mused. "Studies suggest they can. That's where we hope to go."

A Word About Our Model...



Christine Hurley Deriso

When Troy and Amy Breitmann were asked if their adorable daughter, Shelby, could pose for this edition of *Medical College of Georgia Today*, they figured it was the least they could do. If it wasn't for MCG, neither Amy nor Shelby might be here today.

Troy and Amy married in 1993, and a couple of years later, they were ready for a baby. Things didn't unfold exactly according to their timetable; they tried for a long, frustrating year—and even started thinking about adoption—before their dream finally came true. Amy was pregnant.

But five months into her pregnancy, their elation turned to despair. An ultrasound revealed a tumor on one of Amy's ovaries. The only way to determine whether it was cancerous was to remove it—a risk to the fetus that Troy and Amy weren't willing to take. They decided to wait for the baby's birth before having the tumor removed. Amy's MCG health care team, respectful of their decision, provided medication to speed the baby's lung development in case of premature delivery.

"I didn't have the pure joy of being pregnant," Amy recalls. "I knew the day I had Shelby was also the day I'd find out if I had cancer."

Yet they trusted that everything would turn out for the best. They had complete confidence in their MCG obstetrician, Dr. Debra J. Ware. "She was recommended to us by a friend—before we had any idea there was a problem—and it turned out to be the best thing in the world because she specializes in high-risk pregnancy," Troy says.

Dr. Ware also immediately linked the Breitmanns to the other MCG specialists needed in the case, including gynecologic oncologists Michael MacFee and Laverne Mensah. The Neonatal Intensive Care Unit stood ready in case of premature delivery or other complications.

And complications arrived with a vengeance. During her seventh month of pregnancy, Amy went into premature labor. The tumor had grown to the size of a softball and was irritating the uterus. Amy's health care team had to remove the tumor immediately—ideally, without delivering the baby just yet. "I was just amazed they were able to remove the tumor without disturbing the baby. The tumor was so close to the uterus," Troy says. But his appreciation of such deft surgical technique was blunted by terrible news.

"Dr. Ware came into the recovery room crying, so I knew it was bad news," Troy says. The tumor was malignant.

On Dec. 23, 1997, Dr. Ware induced labor so that Amy could begin chemotherapy immediately. Two days later—Christmas morning—4-lb., 5-oz. Shelby was ushered into the world. The NICU immediately began treating the premature yet amazingly resilient baby, inviting the family to be with her around the clock, if they wanted. Troy and Amy asked if they could have one day to celebrate their joy before beginning the intensive chemotherapy needed to

battle Amy's virulent form of cancer. Her doctors readily agreed, and Troy took his wife out for dinner before their next ordeal began.

Amy's three-month round of chemotherapy was grueling, but she was no lightweight contender in her battle with cancer. For instance, she insisted on being treated from home rather than the hospital. She didn't want to lose a single precious minute with her daughter. On New Year's Day 1998, Amy and Shelby—the feisty little preemie with a new clean bill of health—went home.

Amy was weak and often sick during chemotherapy. "I was just in survival mode," she says.

"Now, when I look back, I think, 'That was horrendous.' But at the time, I was just getting through each day."

She did everything she could for Shelby, but she needed lots of help from Troy, who was only too happy to step in. "It was such a blessing to have that connection with her," Troy says. The family also got lots of help from Troy's parents, who moved from Ohio to Augusta when Amy's cancer was diagnosed.

Those months seem surreal in retrospect—a hazy mishmash of cancer treatment, infant care and emotional tumult—yet springtime dawned with news that made it all worthwhile: Amy was cancer-free.

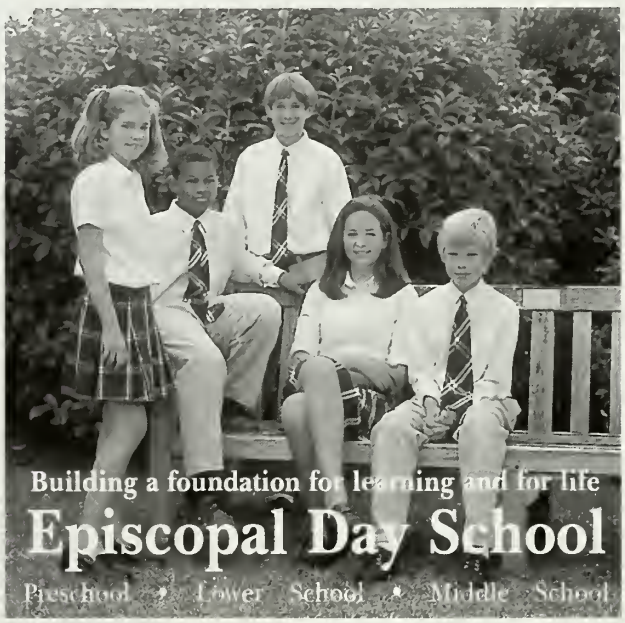
Troy and Amy consider Shelby nothing short of a miracle. Not only did she survive a very high-risk gestation and delivery, but if she hadn't been on the scene, Amy's cancer likely wouldn't have been diagnosed until it was too late to treat it. "I've learned that there's a reason for the timing of things," Amy says. "There was a bigger plan for me."

Troy concurs. "We had planned to have a baby earlier, but the Lord said, 'I have another plan,' and that one saved Amy's life."

Today, the family is the picture of normalcy. Shelby is a cheerful, chatty toddler who totes a Winnie the Pooh blanket everywhere she goes. Amy is a stay-at-home mom who never takes a moment of her life for granted—and who, incidentally, is expecting her second baby this summer. She volunteers with support groups at MCG, and she and Shelby often visit the staff that saved their lives.

Shortly after Shelby's birth, Troy accepted a new job as assistant director for major and planned gifts at MCG. "When the opportunity opened up, I jumped at it," he says. "To help make a difference here and convey the message of what goes on at MCG—not just the level of skill and technology, but the level of caring—is a real privilege."

And as for Shelby's modeling career? Well, she was happy to help out her old friends at MCG just this once, but from now on, if it's a choice between posing for a camera and watching Winnie the Pooh on television...well, you understand.



Accredited by SACS and NAEYC

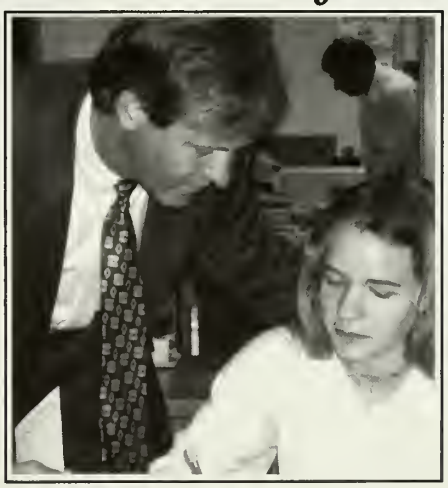
Member NAIS, SAIS, and GISA

EDS
EPISCOPAL DAY SCHOOL

2248 Walton Way
Augusta, GA 30904
(706) 733-1192
(706) 733-1388 fax

EDS practices a non-discriminatory admission policy.

An investment that lasts a lifetime



- Grades Pre-k through 12
- Challenging Academics
- Christian Setting
- Personal Attention
- Excellent Athletics
- Fine Arts Programs
- 100% College Placement
- High SAT Scores
- Accepting applications for the 2000-2001 School Year

WESTMINSTER SCHOOLS OF AUGUSTA
3067 Wheeler Road • Augusta
(706) 731-5260

TEST

Quarters End, linocut by Marti Haykin

Toni Baker

Marti Haykin was caught in the act.

As the petite, intense medical student consumed the test before her, she unconsciously slipped off her shoes and folded her feet in the chair. Forgotten were the two proctors watching. Forgotten was the handful of fellow students focused similarly nearby. Forgotten too was the security camera documenting her every move and the microphone monitoring her every sound. The austere, sound-proof room painted a soothing "cloud nine" color never captured her attention. Marti was transfixed on the 17-inch computer screen that held questions and

answers about her future.

"That test was brutal," she said of the United States Medical Licensure Examinations administered by the National Board of Medical Examiners, the often-dreaded and draining tests taken at key steps throughout medical education. Students take them at the end of the sophomore year, the beginning of their senior year and the final step at the end of the first year of postgraduate training.

At the Medical College of Georgia, Steps 1 and 2 two must be passed to graduate, and every U.S. physician must pass all steps to practice independently. Important too are the scores, particularly on Steps 1 and 2 in competing for slots in some residency programs.

"There are all these rumors going around about how major-league important this test is because you could have straight A's at your medical school, but [residency programs] can't compare grades between schools," Marti said. "What they can compare is how you did on your national board exam."

And so the tension builds.

"When they first go in there, they look like robots," said Deborah Pinion, MCG's test center administrator. "They forget about the cameras. They forget about the microphones being on. Half of them will not even look around, they are so in to this test," she said. Mrs. Pinion remembers one student who blew a bubble roughly the size of his head which promptly burst, scaring the proctors, yet not a single student batted an eye. Even the perpetrator didn't realize what he'd done until one of the proctors took the gum from him.

MCG's test center administrator Deborah Pinion

It's not like these students aren't used to tough tests, but when Marti and others sit down to take Step 1, anything they've learned in the first jam-packed two years of medical school is fair game, such as physiology, anatomy, biochemistry and other fundamentals of medicine, said Dr. Susan P. Porterfield, associate dean for curriculum in the MCG School of Medicine. Step 2 is clinically focused and is taken after MCG students have completed required key clerkships such as family medicine and pediatrics. The final Step 3 is taken after their first year of residency, spent working full time in a clinical setting.

To make tense matters worse, this year's crop of test-takers has broken ground of sorts as the National Board evolved from a pencil-and-paper exam taken en masse in the classroom to computerized testing in smaller groups.

The MCG School of Medicine is one of seven medical schools working to ease that transition and tension for students by offering a test site on campus. The National Board of Medical Examiners certified the unique site in late May and the testing quickly ensued.

"It's a service for our students," Dr. Porterfield said of the nine-station test site in the Carl T. Sanders Research and Education Building. The quiet, secure room may look a little intimidating, but for the students, it looks a lot more like home than going to a Sylvan Learning Center, which is where most medical students in the country will take their exams for years to come.

Simple logistics was one reason MCG responded to a request for proposals for a select number of test sites on medical school campuses. Any medical student in the country can schedule the test at any Sylvan Learning Center in the country, but Augusta has only one center capable of testing nine people simultaneously. "We have one of the larger medical school classes in the country (180 students per class) and a small town with only one Sylvan Learning Center," Dr. Porterfield said. "We were really concerned we were going to have complete chaos," primarily because of the relatively short time frame, particularly for taking Step 1; MCG medical students must take the test within the seven-week break between the sophomore and junior year.

Good news accompanied the change. Previously, tests were offered only twice yearly on the same day nationwide. If students missed or failed the test, they were bumped out of the curriculum for several months or more. "That was the old system," Dr. Porterfield said. "With this system, students can—up until five working days before the exam—change their time. So if they don't feel good or are busier studying than they expected, they can call Deborah and reschedule without any penalty." And perhaps as

importantly, the first step went from two days of angst to one. "By the afternoon of the second day, the students were just worn out," Dr. Porterfield said.

Senior Jason Bailey was one of the last to take a pencil-and-paper version of the Step 1 exam. "It's like in Spain when they let the bulls run through the streets. You just keep your eyes moving," said Jason, who studied 40 to 50 hours a week for four weeks for the first step. He had about 60 seconds for each of the 180 questions. Each question has up to 10 answers, Dr. Porterfield said. The worse news is it's typically not a matter of which is right or wrong, but which answer is better than the rest. "So students have to make value judgments," she said. "The goal of the National Board is to list questions to which students have to apply knowledge and understanding rather than memorizing facts."

As bad as the first test was, Jason wasn't happy about the transition to computers that occurred by the time he took Step 2. For one thing, he missed his classmates. Having a test site at MCG gives students so much flexibility that he took the test alone. "On the first test, it was almost like a procession," Jason said. "Everybody went in together and we were all a big group taking this God-awful test for two days." Under the old

THE PERSON INSIDE

Toni Baker

Editors Note: The linocut on page 14 is an example of Marti Haykin's artwork. To see more, visit her web site: www.geocities.com/SoHoGallery/6797

He was trapped inside a body that would no longer cooperate.

George was in his 50s, a man whose youngest child was just 4, when he had a stroke during coronary bypass surgery. The college graduate and toy salesman could no longer use his legs and could barely move his arms. He couldn't talk, except for an occasional "oh boy," some "b" words and, sometimes, an expletive.

Still, George could smile and laugh and figuratively speak volumes to Marti Haykin. She was an art professor at Georgia College and State University in Milledgeville who loved her profession but had a lingering passion for health care. Her artwork reflected that passion: a portrait of a woman emaciated by anorexia; another with her right hand raised to the gunshot wound in her chest; another with one hand on a cigarette and the other caressing her pregnant belly.

Her art provoked thought because she felt it should. And her own thoughts kept returning to health care. She would go to the library and end up with books on science and medicine. She decided to become a student at Georgia College and took classes in physics and physiology. She volunteered at the Georgia War Veterans Nursing Home and found George.

George had been in the nursing home about six years when she found him and she would spend every Friday for the next four years there with him. She never saw his medical record, because she wasn't really family, but reasoned that he'd suffered a blood clot to his brain during surgery.

He could move his arm to the point that they could use an alphabet board to communicate. "Little by little the story of this man came out and his memory was completely intact," Marti said. "There was just so much human being in there that was trapped." Marti would bring George pie and ice cream, feed him, care about him and communicate with him in their slow but sure way.

She found herself frustrated that others often ignored George's mind because of his disabled body. She felt compelled to help others similarly trapped.

Still torn between her love of art and her growing desire to be a doctor, she applied to the Medical College of Georgia School of Medicine and the School of Allied Health Sciences Department of Medical Illustration. They both wanted her and she wanted them both. So she asked George his opinion. He pointed over and over again to the 'M' and 'D' on his alphabet board.

Marti asked George if he knew that she would have to leave Milledgeville and him. He knew. But she never really left him. Two months before she started medical school, George died.

These days find 34-year-old Marti Haykin a former art professor but still an artist who wakes up excessively early to study, then spend long days running around the hospital. In her third year of medical school, she's 10 years older than many of her peers and sometimes feels a bit isolated but is too busy to give that much thought.

Her husband, Marc Snyder, remains in Milledgeville where he also is an art professor. It's hard being apart, but the marriage that has lasted 11 years endures. So Marti packs her weekdays with medical school and her weekends with her husband.

"I feel like if I'm going to be here, I'm going to be here 150 percent." She considers her education a privilege and is grateful to have so many "fantastic" minds to learn from. She has created portraits of some of her professors. "When I'm 90, I hope I have this collection of portraits of people I have met along the way."

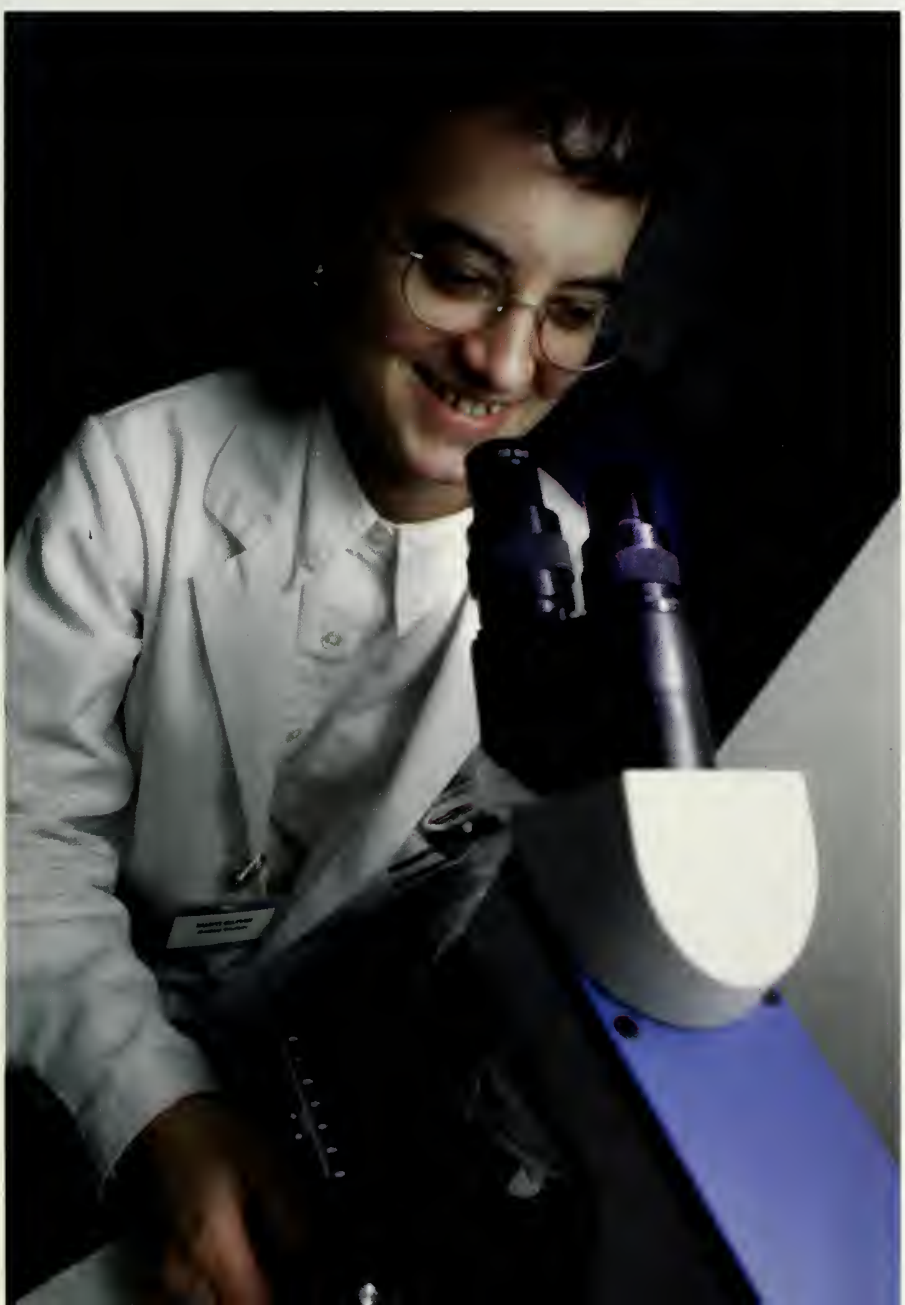
The portrait she is painting of herself is one of a neurologist working at a

pen-and-paper system all 180 students took Steps 1 and 2 at the same time with the National Board deciding who sat where. But they all walked in together. "We felt the comradery and group energy," Jason said. "In test number two you kind of walked onto the gallows by yourself."

Jason also missed the visual cues the paper version could provide, such as underlining or crossing out words. This was the first test he, Marti and probably most of the students had taken on a computer. Even though neither considers himself a computer whiz, Marti seemed a little more comfortable with the approach. "I really liked taking it on a computer. You just picked your answer and clicked on it and if you want to go back to it, marked it."

Marti does admits panicking a little when it was time to break for lunch and several of her classmates already had finished. "I left feeling absolutely horrible." But it was short-lived horror because her husband of 11 years, Marc Snyder, showed up with roses.

In fact, most MCG medical students come out of the United States Medical Licensure Examinations smelling like a rose, with a pass rate last year of 100 percent and 99 percent respectively for Steps 1 and 2 and scores that consistently rank above the national average.



Department of Veterans Affairs hospital. She is enticed by the neurosciences and the fact that diseases such as dementia and Alzheimer's are beginning to be unraveled as their science is better understood.

Her Friday afternoons as a second-year student were spent in the Stroke Rehabilitation Unit at Walton Rehabilitation Hospital in Augusta where she met young people who, like George, were physically disabled by stroke resulting from injury or drugs. She met people similarly disabled in MCG's sickle cell clinics.

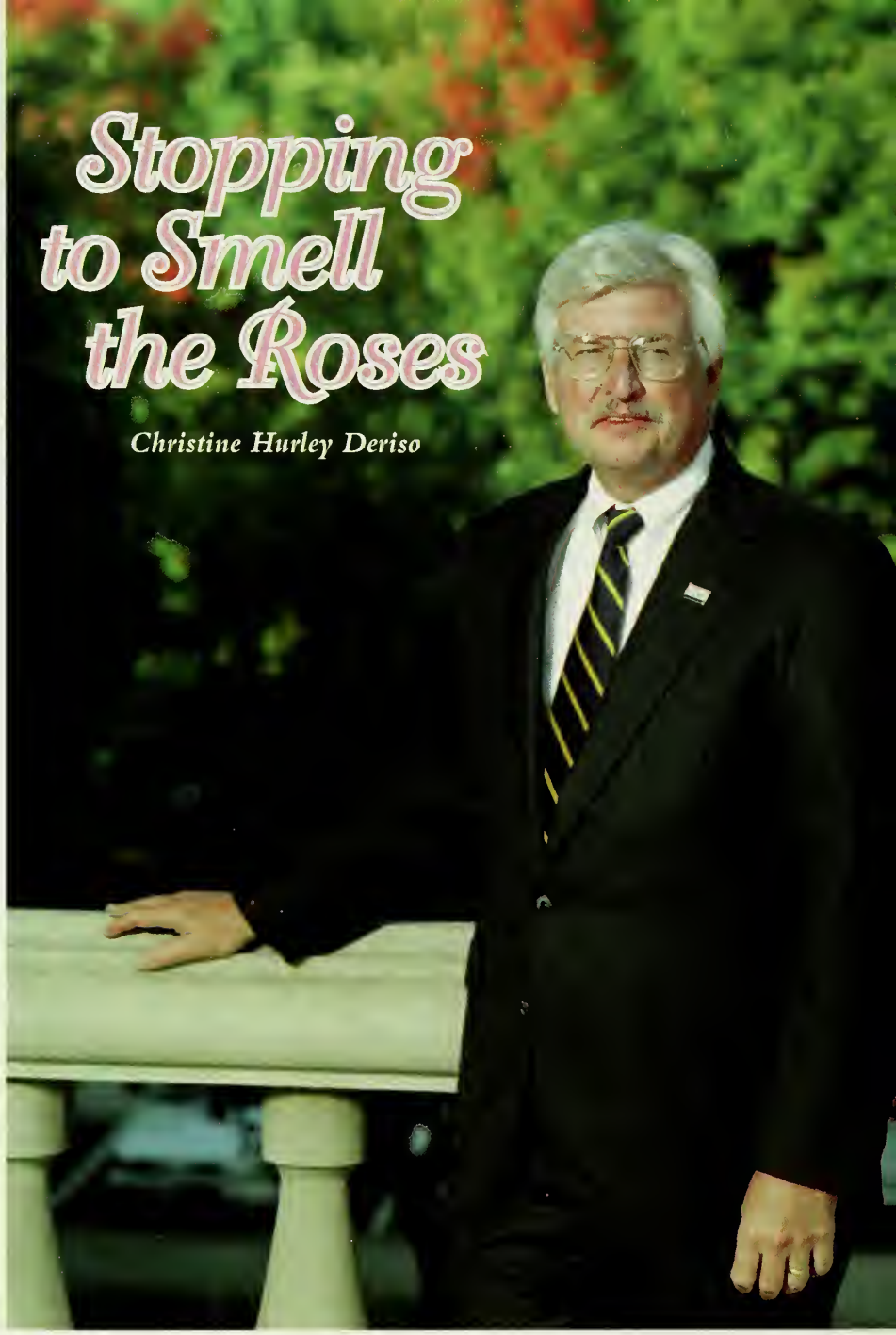
And, during her neurology rotation at Augusta's Department of Veterans Affairs Medical Center, she met Mr. Jones. He was the same age as her dad and like her dad, a retired engineer. He had a stroke on the right side of his brain and was still recovering from one of its most unique consequences. Mr. Jones had neglect syndrome; he was ignoring the left side of his body. When asked to draw a clock, he left off the 10 and 11 because he was ignoring that area. "You could touch him here," Marti said, touching her left side, "and he would say, 'You are touching me on my right side.'"

As is typical, with time and care, Mr. Jones got better.

And as is typical for Marti, she was fascinated—not just by the science and the syndrome—but by the person inside.

Stopping to Smell the Roses

Christine Hurley Deriso



Dr. Paul Stanton and his wife, Nancy, recall casually perusing their appointment book shortly after he was named president of East Tennessee State University in 1997. They discovered they had three evenings free in the first six months of his presidency.

And astonishingly, neither of them minded.

"We have lots of commitments, but almost all of them are pleasant," says Dr. Stanton, 55, whose warmth makes him seem like an old friend five minutes after meeting him. He genuinely enjoys elbow-rubbing, brainstorming, consensus-building, breeze-shooting– whatever personal interaction the job requires. And as has become almost imperative for today's university presidents, he adapts chameleon-like to any occasion. He spends hour after hour in top-level meetings, "but when I'm at a volleyball game," he says, "I talk about volleyball."

On the day he's interviewed for his alma mater's magazine, he notes—only because he's asked—that his last meeting of the previous day didn't wrap up until after 10 p.m. His wife sighs with resignation. "He doesn't have to be that busy, but he demands a lot of himself," she says. "I remind him sometimes that the simplest answer is the one with the fewest letters—*no*—but he doesn't know how to say it."

Dr. Stanton demurs. "My schedule's not that bad," he insists. "It was worse when I was a surgeon."

He didn't exactly *intend* to pursue the most time-consuming careers known to man; it just kind of worked out that way, and as the demands mounted, he happily discovered that he has energy and enthusiasm to spare. One more project? One more meeting? One more volleyball game? Bring 'em on.

He partially attributes his stamina to the Medical College of Georgia, where he earned his medical degree in 1969. The subject matter was mountainous and the workload grueling. But even then, his placid nature was unshakable. "I'll tell you what: I thoroughly enjoyed every bit of my medical education," Dr. Stanton says. "Our class was extremely close; there was a lot of bonding among the students and among students and faculty. I never had a teacher who didn't really care about us. That doesn't mean it was easy—I remember how tough it was—but we felt the professors wanted us to succeed and did everything they could to help us. I enjoyed every subject and looked forward to the next one."

He was further bolstered by his family's support; his parents cheered him on tirelessly, bursting with pride when he became the first family member to earn a college degree. His younger brother quickly followed in his footsteps and today is the dean of Graduate School Studies at Radford University. "While our parents didn't push us," Dr. Stanton says, "they encouraged us and led by example as honest, hard-working people."

By the time he graduated from MCG, he and wife Nancy had begun their own family, which today includes two sons (Eric, a law enforcement officer with a family of his own and Ryan, a medical student) and daughter Shelley, a sophomore at the University of Tennessee-Knoxville and a member

of the Lady Vols Rowing Team. Dr. Stanton completed training in vascular surgery, then reclaimed his hometown, Atlanta, to put down roots and begin his practice. He directed Georgia Baptist Hospital's general surgery training program and vascular surgery fellowship program, closely affiliated with MCG. He enjoyed nurturing the next generation of surgeons so much that he soon decided to pursue it full time. He moved to East Tennessee State University with clear-cut aspirations: to continue practicing surgery and teaching students in the university's College of Medicine. While he was at it, he'd enjoy his family and grow some roses.

Grow roses....? Yes, he actually envisioned a little spare time. The university had other things in mind. "The day I arrived, I found out that my department chairman was leaving, so I was asked to chair it," he says. "Not long after that, I was asked to be interim dean of the College of Medicine, and I was named dean and vice president of health affairs in 1989. And in 1997, I became the school's eighth president. I just sort of evolved into administration."

Throughout his administrative career, he continued practicing surgery on Fridays until recently, reluctantly acknowledging that he could no longer guarantee a block of time to patients. After all, East Tennessee State University has nine colleges, the school has 12,000 students and he serves on 42 boards and committees, so his plate's been pretty full—quite a testament, considering that his plate is roughly the size of a crater.

Dr. Stanton realized that his role as a university president would require broadening his perspective, and he happily rose to the occasion.

It was a seamless transformation, says executive assistant Jane Jones, even though university presidents traditionally lay the foundation for their careers within ivory towers rather than surgical suites. "He's such a humanitarian–so compassionate," Ms. Jones says. "He brought a different viewpoint and a fresh perspective to the job. His stellar performance in medicine spilled right over into this job."

Dr. Ronald Franks, Dr. Stanton's successor as dean of the College of Medicine and vice president for health affairs, agrees. "He had such respect both internally and externally going into the presidency that he had tremendous support," Dr. Franks says. "And I think he demonstrated that medicine is excellent preparation for being a university president. The requirements are in some ways very similar: the need to be a very capable leader, to listen well, to understand others' needs and to make tough decisions with long-term best interests in mind."

And with his keen surgeon's eye, Dr. Stanton quickly homed in on his top priority as president. "When I was in medicine, I would observe departments doing a good job on their own but not really working as a team with other departments," Dr. Stanton says. "I thought, 'How much more we could accomplish working together.'"

He wasted no time in making it happen, for instance by developing interdisciplinary clinical and teaching sites throughout rural Tennessee, an effort generously supported by the W. K. Kellogg Foundation. "It has led to what I would call total institutional transformation," Dr. Stanton says. "Every college in the university is expected to be involved in community partnership and bridge-building. We're one with the community—a university without walls."

Ms. Jones says Dr. Stanton is one of the few people who could pull off such revolutionary change in such a short amount of time. "He's a transformational leader of the highest sort; he inspires each of us to raise the bar a bit," she says. "And he's a servant leader, willing to get out and do the work."

His readiness to roll up his shirt sleeves has earned him considerable admiration—a priceless commodity when he dives head-first into controversy, which he doesn't hesitate to do when he sees the need. For instance, one of his first steps as president was to declare the university facilities smoke-free—no timid feat for a university smack dab in the middle of the Tobacco Belt. And he's currently lobbying for tax reform—possibly a first-ever state income tax to shore up Tennessee's tax base and ensure adequate funding for vital causes. "Even in the good times, education doesn't get its fair share," he says.

He admits to flinching a bit when he opens the editorial page of the local newspaper; letter-writers make it clear that advocating new taxes isn't exactly the surest route to popularity. The good news is that popularity is a pretty low priority for Dr. Stanton. He'd rather have your respect.

And he almost always does. He is remarkably effective at bringing people together, Ms. Jones notes. He gives a lot, and people give back in return. "People know that when they need him, he's there for you," she says. "For instance, I'm working on my doctorate now, and he's been incredibly supportive. He gives everybody way beyond the benefit of the doubt. But you don't want to break his trust. You'd have a hard time getting it back."

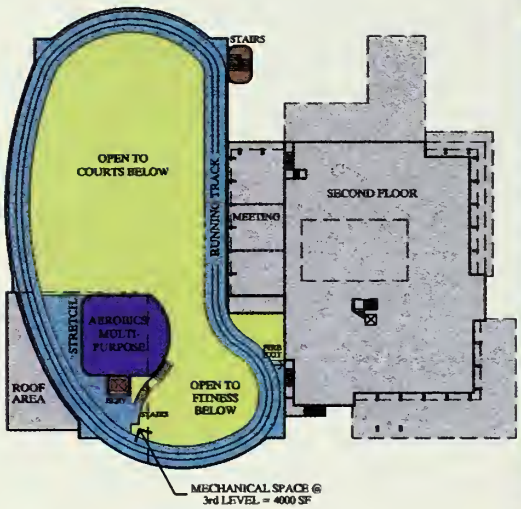
And is he really as unflappable as he seems? "He's easy-going on the outside, but I think the inside is a different story," says his wife. "I don't think you can have the type of job he has without a lot of stress. He says running a university is like running a little city, and it really is."

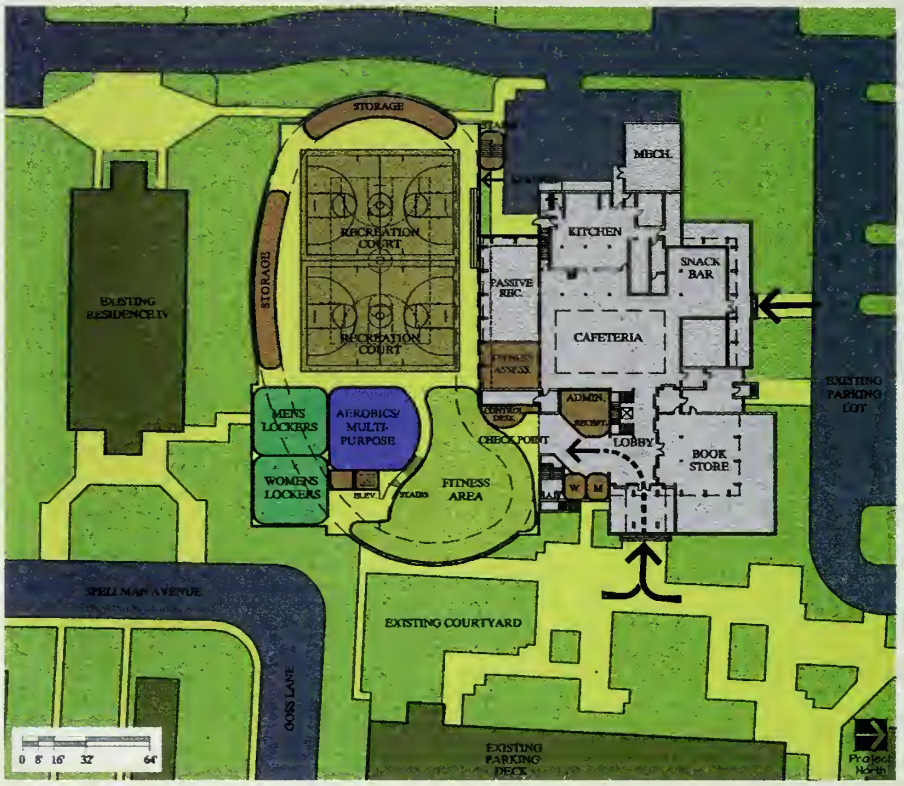
"I know when he's extremely stressed, but he doesn't take it out on anyone," Ms. Jones says. "He just goes in his office and works through it. I think you'd have to work really closely with him to even notice."

His personality shines through, even amid the bustle of his responsibilties, she says. For instance, his office lately has been sprinkled with lots of aviation magazines. "I'm wondering if flying is his next hobby," Ms. Jones muses.

He also squeezes in frequent trips to watch his daughter compete on her college's rowing team. "The one thing he'll take time for is something for one of the children," Mrs. Stanton says.

Well ...one of the *few* things. For instance, he *did* manage to squeeze that rose garden into his schedule. "The garden is his baby," says Ms. Jones. "Once, I told him we needed to stop and smell the roses and he said, 'I do that literally. I always find time to smell the roses.'"





The Fitness Factor

Christine Hurley Deriso

Dr. James Puryear knows that the benefits of exercise far exceed a boost to the cardiovascular system.

He cites the documented bonuses of stress relief, mood enhancement, weight control and countless other perks derived from putting muscles into motion. He wants to help the Medical College of Georgia community maximize each fitness benefit—which is why he's so excited about MCG's new wellness center, scheduled for completion in 2002.

"The whole idea is to promote wellness and fitness—especially important in a health university environment," said Dr. Puryear, vice president for student affairs. "We hope the new wellness center will be an important part of a student activities program that goes beyond staying physically fit. We anticipate benefits such as a sense of community, cooperation, relaxation and enjoyment."

The 42,180-square-foot building, to be located between the MCG Student Center and Residence IV, will have basketball courts, weight rooms, aerobics facilities, an indoor jogging track, a fitness assessment area, locker rooms and office space. A staff trained in fitness education will direct fitness programs. "This will be much more than a building," said Dr. Puryear. "This will be a program."

The facility is in the design and budgeting stage, with construction scheduled to begin after the project goes out on bid in spring 2000. Architects are the Richard Hinman Architectural Group in Augusta, working in association Corley, Redfoot and Zack of Chapel Hill, N.C.

Students will pay an extra $100 a year in student activities fees for operational expenses, and staff and faculty will pay a monthly fee to join. The wellness center is part of MCG's 1988 Campus Facilities Master Plan which included the Interdisciplinary Research Building, the Children's Medical Center, the MCG Annex, a health sciences building and open green space. MCG will fund the approximate $5.6 million cost of the wellness center with local funding.

Dr. Puryear noted the center's importance as a gathering place for every segment of the MCG community. "We expect this facility to bring the community together in an equal setting to enhance communication and the operations of the institution as a whole," he said.

Charitable Gifts of Life Insurance

Life insurance can play an important role in charitable giving. Whether you donate an older policy you no longer need or start a new policy to fund a major charitable project, life insurance offers a unique way to leverage relatively modest annual payments into a sizable charitable gift.

There are four basic methods to benefit the Medical College of Georgia Foundation using life insurance:

1. **Name the MCG Foundation as your successor beneficiary.**
For example, you own a policy and have named your spouse as the beneficiary. You can name the MCG Foundation as successor beneficiary in the event that your spouse predeceases you. There are no immediate tax benefits, but if no successor beneficiary was named, the death benefit would be included in your taxable estate.

2. **Name the MCG Foundation as your primary beneficiary.**
For example, if you purchased a policy several years ago but your chosen beneficiary no longer needs the protection, you can designate the MCG Foundation to receive the benefit. Again, your estate would receive a charitable deduction and the death benefit would pass to charity tax-free.

3. **Donate an existing policy to the MCG Foundation.**
If you have older insurance policies you no longer need and want a current income tax deduction, you can donate these contracts to the MCG Foundation. As long as all of the rights of ownership are completely transferred to the foundation, you receive a current income tax deduction equal to the lesser of your cost basis or the fair market value of the policy (roughly equal to the cash surrender value).

Examples of policies often no longer needed:

- Business insurance after the business has been sold
- Income replacement insurance after you've retired
- Estate insurance when your estate has been reduced below the taxable level
- Mortgage insurance after the mortgage has been repaid

4. **Give a new policy to the MCG Foundation.**
Many donors would like to make a significant contribution to the foundation but simply lack the available funds. If you transfer a newer insurance policy, or even purchase a new policy on your life and name the MCG Foundation as owner, you can achieve your philanthropic goals.

For example, you transfer irrevocable ownership a $100,000 policy on your life to the MCG Foundation and every year, you donate sufficient funds to the foundation to pay the annual premiums. With this planning, you guarantee the foundation a sizable donation, whether you pass away 10 years from now or live to be 100. By using life insurance, you limit your current outlay to a small deductible annual gift. You can even leverage this current gift further, by donating highly appreciated assets, such stocks or mutual funds, to pay these premiums. You still receive an income tax deduction for the gift, and avoid paying capital gains taxes.

For information on planning your giving, please contact Bruce Howerton or Troy Breitmann at 1-800-869-1113. Of course, all financial decisions should be discussed with your legal and tax advisors.

AlumNews

Dr. McEver Receives Vessel of Life Award

Christine Hurley Deriso

Dr. Virgle W. McEver Jr., a 1953 graduate of the Medical College of Georgia School of Medicine, received the MCG president's Vessel of Life Award Oct. 16 in honor of his career achievements.

Dr. McEver, a native of Moultrie, Ga., earned his medical degree after serving in the Medical Corps during World War II. He established a practice in Warner Robins, Ga., where he was a general surgeon, chief of surgery and chief of staff at the Houston Medical Center. He has been a delegate to the American Medical Association and has held most offices in the Medical Association of Georgia. He is a former president of the MCG Foundation, Inc.

"By several acts, Dr. McEver represents all that we would want our medical students to become," said MCG President Francis J. Tedesco in presenting the award. "A highly skilled surgeon, he is a friend to his patients, a civic leader in his community and a spokesman for health care through the state and beyond. Dr. McEver has those very unique qualities which allow him to give so much of himself."

The award was presented during MCG's annual President's Club Dinner honoring the university's most generous supporters. Established in 1975 by the MCG Foundation, Inc., the club recognizes donors at the President's Level (lifetime gifts of $50,000 or more), the Founder's Level (lifetime gifts of $10,000 to $49,999) and the Partner's Level (gifts of at least $1,000 in the current fiscal year). The President's Club has approximately 500 members.

MCG President and Mrs. Francis J. Tedesco present Vessel of Life Award to Dr. Virgle W. McEver Jr.

Founder's Level awards were presented during this year's President's Club dinner to Dr. Charles L. Lutcher, Mr. and Mrs. James H. Hilliard, Dr. and Mrs. Theo G. Thevaos, Dr. and Mrs. Biagio J. Vericella, Gerald W. Woods and Dr. Deborah J. Bates.

Regents Approve 4 New Chairs

The University System of Georgia Board of Regents has approved Medical College of Georgia chairs in allied health sciences, otolaryngology, neurosurgery and urology.

The Roy Witherington Chair in Urology honors a former professor and chief of the Urology Section in the Department of Surgery. Dr. Witherington was professor and section chief from 1972 until his retirement in 1994. He joined the MCG faculty in 1960. The chair will be designated for the chief of urology.

The Dr. Marshall B. Allen Jr. Distinguished Chair in Neurosurgery honors a former chief of the Section of Neurosurgery in the Department of Surgery and will be designated for the chief of neurosurgery. Dr. Allen was chief for 29 years until he retired in 1994. He is still active in the section, keeping in touch with former residents and attending conferences and rounds.

The Distinguished Chair in Otolaryngology will be designated for the chief of otolaryngology.

The Chair of Allied Health Sciences will be located within

the School of Allied Health Sciences.

Since 1990, the Medical College of Georgia has established 21 endowed chairs, representing all five schools. Endowed faculty support in the form of an endowed chair brings honor to the school or department in which it is established and pride to its recipient, said MCG President Francis J. Tedesco. The long-term presence of outstanding teaching can be made secure and new faculty can be recruited with the enticement of endowed chairs, he noted.

Homecoming Scheduled April 27-30

The Medical College of Georgia will celebrate Homecoming 2000 April 27-30. The following activities are planned for alumni, faculty and students. For more information, contact the MCG Alumni Office at 1-800-869-1113. Additional information and a Homecoming brochure will be mailed after the first of the year.

Accommodations

Hotel rooms have been secured for MCG Homecoming participants at the following hotels. Guests are responsible for making reservations with the hotels.

Comfort Inn, 1455 Walton Way, (706) 722-2224

Partridge Inn, 2110 Walton Way, (706) 737-8888

Radisson Riverfront Hotel, Two Tenth Street, (706) 722-8900

Radisson Suites Inn, 3038 Washington Road, (706) 868-1800

Sheraton Augusta Hotel, 2651 Perimeter Parkway, (706) 855-8100

Addresses of Homecoming event sites

- Alumni Center, 919 15th Street, Augusta
- Radisson Riverfront Hotel, Two Tenth Street, Augusta
- Old Medical College, 598 Telfair Street, Augusta
- Pinnacle Club, 699 Broad Street

For all alumni

- On-site registration, Alumni Center, April 27 from 9 a.m. to 2 p.m., April 28 from 9 a.m. to 3 p.m. and April 29 from 9 a.m. to 3 p.m.
- Homecoming hospitality suite, Radisson Riverfront Hotel, second floor (banquet room level), April 28-29, open 11 a.m. to midnight. Refreshments available. Alumni are invited to gather with former classmates and bring old photographs, yearbooks, scrapbooks, movies or other mementos of their time together.
- Tours of MCG Hospital and Clinics, April 28, 10 a.m., beginning at the MCG Alumni Center.
- President's Reception, April 29, 3:30-5:30 p.m., 920 Milledge Road.
- Homecoming dance, April 29, 9:30 p.m. until, Radisson Riverfront Hotel.
- Student Government Association cookout, April 29, 11:30 a.m. to 2:30 p.m., MCG Alumni Center.
- Contact our office if you'd like to arrange a golf game. We will set up tee times for you.
- Guided tours of the Augusta Canal in canoes and kayaks are available. More details to be announced.

School of Allied Health Sciences events

- Department of Associated Dental Sciences Program: "A New Millennium—Answering the Challenge," April 28, registration at 7:30 a.m., program 8 a.m. to 5 p.m., six CEUs, MCG Alumni Center.
- School of Allied Health Sciences Alumni Association luncheon and presentation of Distinguished Alumnus Award, April 28, noon, Old Medical College, $12 per person.

School of Dentistry events

- 22nd Annual Marvin Goldstein Lectureship, April 28, Radisson Riverfront Hotel. Guest lecturer: Dr. John Kanca III. Time, cost and more information to be announced.
- School of Dentistry Alumni Association business meeting, April 28, 9:45 a.m. during morning break of Goldstein Lectureship, Radisson Riverfront Hotel.
- School of Dentistry class of 1975 reunion, April 29, 6 p.m. social hour, 7 p.m. dinner, Radisson Riverfront Hotel, $25 per person. Faculty members who taught while this class was in dental school are invited as guests of the School of Dentistry Alumni Association.

School of Graduate Studies events

- School of Graduate Studies Alumni Association board and annual meeting, April 27, noon, MCG Alumni Center.
- School of Graduate Studies Alumni Association Distinguished Alumnus Award presentation/after-dinner talk and Graduate Student Research Day dinner, April 27, 5:30 p.m. The event will begin with registration and social gathering in the lobby, followed by a dinner buffet, awards presentation and after-dinner talk by award recipient in the ballroom. $10 for alumni, faculty and their guests. Free to students and one guest each if tickets are picked up from the dean's office by April 14; $10 at the door.

School of Medicine events

- School of Medicine Dean's

Dr. and Mrs Francis J. Tedesco greets family at 1999 President's Reception.

Reception, April 28, 5:30 to 7:30 p.m., Old Medical College.

- Alumni Association of the School of Medicine annual banquet and presentation of Distinguished Alumnus Awards, April 28, 7:30 p.m., Old Medical College, $35 per person.
- School of Medicine Alumni and MCG Foundation Joint Development Committee meeting, April 29, 8:15 a.m., MCG Alumni Center.
- Alumni Association of the School of Medicine board meeting, April 29, 9:30 a.m., MCG Alumni Center.
- Reunion dinners for the School of Medicine classes of 1940, 1945, 1950, 1955, 1960, 1965, 1970, 1975, 1980, 1985, 1990, 1995 and a non-reunion dinner. April 29, 6 p.m. social hour, 7 p.m. dinner, $40 per person. All dinners will be held at the Radisson Riverfront Hotel except for class of 1960 reunion, which will be held at the home of Drs. Betty ('60) and Charles ('59) Wray, 3115 Ramsgate Road, Augusta.
- Memorial service for School of Medicine alumni, April 30, 10:30 a.m., Old Medical College.
- Emeritus Club luncheon and induction of the class of 1960, April 30, 11:30 a.m., Old Medical College, $20 per person.

School of Nursing events

- School of Nursing Alumni Association dinner, program and presentation of Distinguished Alumnus Awards, April 28, 6:30 p.m. social hour, 7:15 p.m. dinner, Pinnacle Club, $25.

Class Notes

School of Allied Health Sciences

Nancy E. (Beth) Martilik (M.R.A., '76), Greenville, S.C., recently joined Health Information Associates as a coding consultant.

School of Medicine

Dr. Arthur C. Fleischer ('77), Nashville, Tenn., specializes in ultrasound radiology at Vanderbilt Medical Center and was awarded the William J. Fry Memorial Award from the American Institute of Ultrasound Medicine. His son, Braden, is enrolled in Emory University.

Dr. Gerald Holmes (M.D., '83 and Ph.D. in physiology, '84) is chief of pediatric cardiology and director of the Children's Hospital Heart Center at the University of New Mexico Health Sciences Center in Albuquerque, N.M. His wife, Joanna, holds dual certification in pediatric and adult cardiac sonography. They have a 2-year-old daughter, Heather Elyse.

Dr. William L. Lanier ('83), Rochester, Minn., is professor of anesthesiology at the Mayo Medical School. He recently was named editor-in-chief of *Mayo Clinic Proceedings,* the world's third-largest circulation indexed general/internal medical journal.

Dr. Michael Shin ('93), River Edge, N.J., is board certified in anesthesiology and practices at the Hospital of the University of Pennsylvania.

Drs. Erica Peters ('97) and **David Seidel** ('96) were married Aug. 30, 1998 in Cincinnati. Erica is in her last year of residency in internal medicine at University Hospital, and David is a board-certified internist, practicing with Alliance Primary Care, both in Cincinnati.

School of Nursing

Vicki Tomberlin Miller ('77), Norcross, Ga., is director for the St. Joseph's Hospital Specialty Center for Heart and Vascular Care. She and husband Tony have three children.

Deadline for submitting information for publication in the winter issue of AlumNews is January 31, 2000.

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

☐ Male ☐ Female

Today's date

Name

Telephone number

School graduated from

Degree Class year

Street address ☐ Check if new address

City State Zip

Present specialty and place of training

Professional news (attach additional page if needed)

Personal news (photos welcome)

Please send to: *Christine Hurley Deriso; FI-1042; Medical College of Georgia; Augusta, GA 30912; fax to (706) 721-6723 or e-mail to cderiso@mail.mcg.edu.*

Medical Illustration Student Wins 'Best of Show'

Sally Lofton Simkins

For the fifth consecutive year, a Medical College of Georgia medical illustration graduate student has been awarded the Orville Parkes Award for Best of Show in the student salon at the Association of Medical Illustrators annual meeting.

Mica Duran won the award for her illustration, "Alzheimer's Disease: Taking the Life from Our Elderly." The illustration was designed as a cover for a medical journal.

Mrs. Duran, a native of Athens, Ga., is a graduate of the University of Georgia. She is in her second year of the two-year master of science medical illustration program in the School of Allied Health Sciences. Her husband, Antonio Duran, is a senior in the MCG School of Nursing.

"The repeated recognition of MCG students in this competition truly speaks volumes for the quality of our students and the dedication and expertise of our faculty," said Dr. Biagio J. Vericella, dean of the School of Allied Health Sciences.

The MCG Department of Medical Illustration is one of five accredited U.S. medical illustration programs. Eight students are accepted from an average of 40 applicants per year.

The repeated recognition of MCG students in this competition truly speaks volumes for the quality of our students and the dedication and expertise of our faculty.

Students Receive Scholarships

Susan E. Boyd and Kelley G. Crowe, seniors in the Medical College of Georgia Department of Associated Dental Sciences, have been awarded $500 scholarships by the Georgia Dental Education Foundation.

The awards are based on the students' grade point average, patient rapport, professionalism, patient motivation skills and clinical skills.

Dr. Wessling to Chair Council

Dr. Kenneth C. Wessling, assistant professor in the Medical College of Georgia Department of Physical Therapy, has been named chairman of the MCG School of Allied Health Sciences Faculty Council.

Dr. Wessling, a registered physical therapist, joined the MCG faculty in 1981. He also serves on the School of Graduate Studies faculty.

A native of Highland Park, Ill., he received his bachelor's degree in physical therapy from the University of Florida and his doctorate in zoology and exercise physiology from the University of Tennessee in Knoxville. He completed a postdoctoral hematology fellowship at the University of Tennessee Center for Health Sciences.

Dr. Kenimer Named to Office

Dr. Elizabeth A. Kenimer, assistant professor in the Medical College of Georgia Department of Medical Technology, has been named president-elect of the Georgia Society for Clinical Laboratory Science.

She received her bachelor's and master's degrees from MCG in 1972 and 1976, respectively, and her doctorate from the University of Georgia Department of Adult Education in 1999.

Dr. Kenimer is an editorial consultant for the American Academy of Family Physicians' Family Practice Management and served last year as a reviewer for Clinical Laboratory Science.

She was elected this year to the Phi Kappa Phi International Honor Society. She also was named to the *2000 International Who's Who of Professional and Business Women* and as one of 2000 Outstanding Intellectuals of the 20th century.

Students Hit the Road to Reach Out to Minorities

Peggy O'Leary Seigler

One Wednesday a month, fourth-year dental student Terrence Vandiver is a bus driver. He drives himself and other Medical College of Georgia students to Fort Valley, Ga. The three-hour ride gives the students a chance to meet other minority students in different MCG programs, but their destination is their top priority.

On that Wednesday, they drive six hours to spend just one hour with students at Fort Valley State University interested in health care professions. The university is predominantly African American and is Terrence's alma mater. "Everybody who leaves comes back to Fort Valley. It's got to be something in the water," said Terrence. Besides the water, Terrence feels drawn to Fort Valley to encourage minority students to consider health care careers. "There is an obvious shortage of minorities in the field." He wants to help reduce the shortage and the resulting shortage of professionals to care for minority populations.

For Terrence, it was a friend, then a junior dental student at MCG, who helped him decide to become a dentist. "He told me the right steps to take and put me on the right path." Now he wants to do the same for other Fort Valley students.

Terrence and the other MCG students cover topics from test-taking strategies to financing a health sciences education during the Fort Valley State University Pre-Health Science Seminars. These are topics Terrence believes students need to understand to avoid getting frustrated and giving up. "I know what is there, in terms of pitfalls and valleys. But I also know what is there, in terms of resources and people."

When he gets back on the bus to return to MCG, Terrence believes he and his fellow students have made a difference. He hopes the Fort Valley students will someday work in health care. "I feel if I can do my part to alleviate the shortage of minorities in health care, then I am doing my part to better society."

MCG minority students have been making trips to Fort Valley State University since 1996. For more information on the program, contact Dr. Vera Thurmond at (706) 721-8982.

I feel if I can do my part to alleviate the shortage of minorities in health care, then I am doing my part to better society.

Alumnus Urges Minorities to Consider Dental Career

Deborah G. Steele

They may decide to go to law school or they may want to be an engineer. But Dr. Jimmy Walker hopes young African Americans seriously consider dentistry as a career choice.

"The statistics are waning somewhat for African Americans in dentistry and medicine," said Dr. Walker, an Augusta dentist, during the Medical College of Georgia Student National Dental Association's Impressions Program last summer. "I am mad. And what I want you to do today is become mad as hell. I want you to become mad making a difference."

The Impressions Program, held several times during the year, allows African Americans to participate in group discussions, hear guest lectures and ask questions about the dental profession, said Tarem Hendricks, president of SNDA, sponsor of the programs.

"Making a difference is what the SNDA has done today and it's a step in the right direction," said Dr. Walker, a 1975 graduate of the MCG School of Dentistry and keynote speaker at the Impressions Program. "I am mad because students are not living up to their potential. They are not preparing themselves in the manner that they should."

Dr. Walker said there are

more than 150,000 dentists in the United States, nearly 3,000 of whom are African American. "Dentistry has had a rich heritage, but the problem we have as African Americans is the pendulum has either slowed down or almost stopped, and it is up to us to try to speed the pendulum back up," said Dr. Walker. "We are going to have to be mad enough to make a difference. I'm hoping that through the SNDA and the Georgia Dental Association, we can turn this around. It has got to be a concerted effort."

According to Dennis Lindsay, MCG dental coordinator for the Statewide Area Health Education Centers Network, "There are a number of African American students who are actively interested in the School of Dentistry. I hope we can get a strong pipeline of students interested in attending the MCG School of Dentistry."

One way to interest young African Americans in the dental profession is through a mentoring program with area dentists. "We need to encourage dentists to open their offices to these young folks and hook into these people a verified interest," said Dr. Walker, who is serving a five-year term on the Georgia Dental Board. "We also need to, on a quarterly basis, bring them to the MCG School of Dentistry to show them the teaching facilities."

The MCG School of Dentistry is doing its part to encourage African Americans to enter the dental profession. The McRae-Orrington Scholarship, in honor of Dr. Mattew E. McRae and Dr. James L. Orrington, the first African Americans to graduate from the MCG School of Dentistry, is presented annually to two outstanding African American students. Drs. Orrington and McRae graduated from MCG in 1973.

Goldstein Lectureship Set April 28

Deborah G. Steele

The 22nd Marvin Goldstein Lectureship will be held April 28 at the Radisson Riverfront Hotel in Augusta. Dr. John Kanca III, a graduate of the University of Connecticut School of Dental Medicine, will discuss adhesive dentistry as the distinguished Goldstein Lecturer.

Dr. Kanca specializes in cosmetic dentistry in his Middlebury, Conn., practice. He is a founding member and past president of the American Academy of Cosmetic Dentistry and is a member of the International Association of Dental Research and the Academy of Esthetic Dentistry. Dr. Kanca has held teaching positions at Case Western Reserve University in Cleveland and New York University in New York City. He holds fellowships in the academies of General Dentistry, Dental Materials and Cosmetic Dentistry.

Dr. Kanca lectures throughout the world on dental adhesion. He has numerous publications, including a landmark paper on acid-etching and dental pulp. He was the first clinician to produce a gap-free composite restoration in-vivo and pioneered the concept of "wet bonding" to dentin.

Dr. Barenie Named Society President

Dr. James T. Barenie, professor and associate dean for curriculum and advanced education in the Medical College of Georgia Department of Pediatric Dentistry, has been appointed president of the American Society of Dentistry for Children.

Dr. Barenie joined the MCG faculty in 1977 and served as acting chairman for the Department of Pediatric Dentistry from 1987 to 1990. He is a member of the American Dental Association, the Georgia Dental Association, the Eastern District Dental Society and the American Academy of Pediatric Dentistry.

Dr. Steflik Awarded for Article

Toni Baker

Dr. David E. Steflik, director of research for the Medical College of Georgia Section of Orthopedic Surgery, is one of two recipients of the Ralph V. McKinney Jr. Annual Award from the International Congress of Oral Implantologists for 1999.

The award, given annually for the most outstanding article published in the journal *Implant Dentistry,* honors the late professor and chairman of the MCG Department of Oral Pathology.

Dr. Steflik was selected for his comprehensive evaluation of bone that supports dental and orthopedic implants. The work showed that bone remodels to accommodate implants through a normal process of bone formation and removal. Study co-authors include Drs. R. Scott Corpe and Timothy R. Young, who direct the MCG Center for Joint Replacement.

Dr. Steflik also was honored for organizing a symposium titled "Surface and Coating Variability in Implanted Biomaterials" held during the 1997 World Congress of the ICOI in Vancouver.

He is a professor in the MCG Departments of Surgery and Cell Biology and Anatomy.

Dr. Caughman Named Consultant

Deborah G. Steele

Dr. Frank Caughman, chairman of oral rehabilitation at the Medical College of Georgia School of Dentistry, has been appointed clinical consultant to the American Dental Association's Joint Commission on Dental Accreditation.

Dr. Caughman will help evaluate programs at the country's 53 dental schools.

Dr. Caughman's appointment is for one year, but he is eligible for reappointment to a five- year term.

School of Graduate Studies

Dr. Caughman Named Associate Dean

Toni Baker

Dr. Gretchen B. Caughman, professor of oral biology, maxillofacial pathology and graduate studies at the Medical College of Georgia, has been named associate dean of the MCG School of Graduate Studies.

As associate dean, Dr. Caughman will be responsible for much of the daily management of the School of Graduate Studies and will report to Dr. Matthew J. Kluger, the graduate school dean and vice president for research at MCG.

Dr. Caughman came to MCG in 1985 from the University of Mississippi Medical Center where she was an instructor in the Departments of Periodontics and Microbiology. She was promoted from assistant professor to associate professor in the MCG Schools of Dentistry and Graduate Studies in 1988 and to professor in 1994. She has been the teaching director of the Microbiology Section of the Department of Oral Biology and Maxillofacial Pathology since 1990.

She earned a doctorate in immunology and microbiology from the Medical University of South Carolina in 1981. She completed a National Science Foundation Individual Predoctoral Fellowship in the Department of Basic and Clinical Immunology and Microbiology at MUSC, a postdoctoral fellowship in the University of Mississippi Medical Center's Department of Microbiology and a National Institutes of Health Individual Postdoctoral Fellowship in microbiology at the University of Mississippi Medical Center.

She is a member of the American Cancer Society's Applications Review Panel, the Ad Hoc Peer Review Panel of the U.S. Department of Agriculture's Mechanisms of Animal Disease Program and the Ford Foundation Fellowships Evaluation Panel.

She chairs the MCG Research Institute's Grants Review Committee and has chaired the MCG Academic Council Executive Committee and MCG Graduate Faculty Organization. She received the 1995 MCG School of Dentistry Outstanding Faculty Award and the 1997 School of Graduate Studies Distinguished Service Award.

Researchers Trace Origin of Stomach Cancer

Toni Baker

Deep within the pits and folds of the lining of the stomach, researchers have found a group of cells that may be precursors for cancer.

The work by Medical College of Georgia researchers may disprove conventional medical wisdom that stomach cancer cells are generated where normal cells replicate to replace the constantly shedding stomach lining.

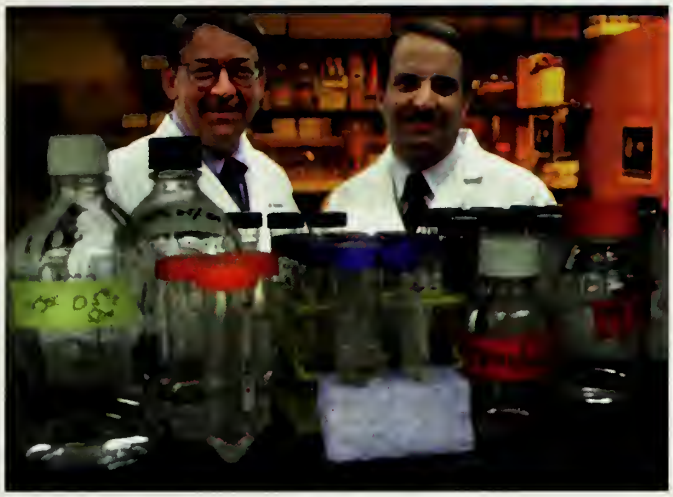
The discovery also may make it possible for a simple blood test to screen for a cancer that often has non-specific symptoms until the disease is advanced and hard to treat.

"The dogma is that there is one zone," said Dr. James R. Goldenring, cell biologist and chief of the Program in Cell Signalling in MCG's Institute of Molecular Medicine and Genetics. "The upshot of that dogma is, if cancers arise, they must arise from that zone where normal cells are born."

But Dr. Goldenring and Dr. Jeffrey R. Lee, gastrointestinal pathologist, have found—first in animals, then in human stomach tissue—a new cell line that may arise from a site for cell activity they call the cryptic progenitor zone.

The belief has been that normal cells are produced in the progenitor zone—about midway through the stomach lining—then move upward or downward to maintain the lining. When conditions are prime, normal cell production, necessary to reproduce the stomach lining about every four days, can go awry. One condition is the presence of a strain of a common bacteria—Helicobacter pylori, or H-pylori—which has a variety of mostly harmless and some even helpful strains. Within this decade it's been found that some strains aren't so benign: one causes ulcers and another causes stomach inflammation or gastritis, which can lead to cancer.

H-pylori appears to set the stage for cancer by causing inflammation which, when chronic, destroys the glandular tissue of the lining, Dr. Lee said. "We have seen growth of this new type of gland in



Drs. James R. Goldenring (right) and Jeffrey R. Lee

the area where the H-pylori bacteria occurred. We are not really sure of the mechanism of that yet, but we know it is present in mice and that it is present in the human stomach affected by H-pylori infection." Inflammation associated with H-pylori destroys parietal cells, the stomach's acid-producing cells, which further sets the stage for abnormal cell growth.

They first identified the cell line in mouse tissue obtained from Dr. Timothy Wang, gastroenterologist at Massachusetts General Hospital, that was infected with H-felis, the strain of H-pylori found in animals. "It's striking in mice," Dr. Goldenring said. When he first saw it, he told collaborators at Massachusetts General he'd never seen it in humans. "Then I realized I had never looked." When he and Dr. Lee looked at infected human tissue, they found the same line.

And there's more. Cell production in this cryptic progenitor zone results in a measurable byproduct: spasmolytic polypeptide. Spasmolytic polypeptide is a byproduct of cells that shouldn't be there. The researchers say when it *is* there, it may be a precursor for cancer. If they can measure this spasmolytic polypeptide in the blood, those at risk of stomach cancer may be identifiable, much like looking at the level of prostate specific antigen in blood to identify risk for prostate cancer.

They are examining biopsies and blood taken during a normal endoscopic procedure with the patient's permission, looking to see who has gastritis and who has the newly found cell line. If the lineage is found, patients are treated for H-pylori infection, as an ulcer patient would be, then checked again to see if the lineage is gone. Blood is analyzed before and after treatment to measure spasmolytic polypeptide levels. "We have found this lineage in humans with H-pylori infection and in patients with gastric cancer," Dr. Lee said. Patients who maintain the new cell lineage after treatment should be watched closely for cancer.

The researchers also are collaborating with the chairman of the University of Tokyo Department of Surgery to look at the cell line in a broad range of precancerous to cancerous lesions as well as examine blood for signs of spasmolytic polypeptide. They must study large numbers of patients to see if the new cell line is associated with gastric cancer in general and to see if a blood test for spasmolytic polypeptide is sensitive and specific for gastric cancer.

Residents of Japan and China inexplicably have high rates of gastric cancer; the rates are on the increase in the United States as well after a century of decline. In countries such as Japan where the disease is so common that screening endoscopic exams are begun at age 30, new information, such as a simple screening test, could be huge news.

Back in the laboratory, they are still looking for the cryptic progenitor zone's "on" switch. "We are trying to isolate the cells, study those and understand what makes that zone turn on," Dr. Goldenring said. "If that zone never turns on and makes these new lineages, then you may not have cancer. But there has to be something more." Since they also have seen the cell line without cancer, the researchers believe cancer isn't the inevitable result. "There may be multiple hits that you have to get for the lineage to go on to cancer," Dr. Goldenring said.

As they explore a hypothesis that is still only months old, they are careful not to begin creating dogma of their own. "We are proposing something here that changes the way you look at where cancers are coming from in the gastrointestinal tract. We are trying to be very careful not to create new dogma because, who knows, maybe there is a third place out there," Dr. Goldenring said.

The work is funded by the National Institutes of Health, the Department of Veterans Affairs and the MCG Department of Pathology and Institute of Molecular Medicine and Genetics.

Dr. Mahesh Named Councillor

Toni Baker

Dr. Virendra B. Mahesh, Regents professor and chairman emeritus of the Medical College of Georgia Department of Physiology and Endocrinology, has been elected to a three-year term as a councillor and Steering Committee member of the American Physiological Society's Section of Endocrinology and Metabolism.

Also, the Society for the Study of Reproduction has established a Mahesh Symposium in Neuroendocrinology which will be held each year during the society's annual meeting.

And Dr. Mahesh has been appointed to a four-year term on the editorial board of the journal *Endocrinology.*

Dr. Mahesh, a Robert B. Greenblatt professor emeritus of endocrinology, was named chairman of the Department of Physiology in 1972 and served as chairman of physiology and endocrinology from 1986 until his retirement in 1999. He is editor-in-chief of the journal *Biology of Reproduction* and an editorial board member of *Journal of Steroid Biochemistry and Molecular Biology, Steroids, Assisted Reproductive Technology/ Andrology* and a member of the editorial advisory board of *Research Trends.*

Dr. Jester Named Director of Student Education

Toni Baker

Dr. David M. Jester, assistant professor of family medicine at the Medical College of Georgia, has been appointed director of student education for the MCG Department of Family Medicine.

Dr. Jester replaces Dr. Joseph Hobbs, chairman of the Department of Family Medicine, who served as director for 17 years.

"Dr. Jester is a fine physician with a strong background and interest in education who will be an excellent role model for our students as he directs our teaching program," Dr. Hobbs said. His extensive involvement with medical education includes directing the clinical problem-solving course for sophomores and the primary-care continuity clerkship for juniors, Dr. Hobbs said. He also facilitates the problem-based learning course for freshmen and sophomores. Dr. Jester is an active participant in the physical diagnosis courses for freshman and sophomore medical students, the patient-doctor course and the family medicine clerkship. He has helped develop many preclinical and clinical courses in the School of Medicine. He received the 1999 Humanism in Medicine Award for his teaching efforts from the medical school Class of 1999. He also is medical director for the Physician Assistant Department in the MCG School of Allied Health Sciences.

Dr. Jester is a member of the Generalist Physician Initiative Advisory Committee, the family medicine department's Resident Recruitment Admissions Committee and the Curriculum Committees for sophomore and junior medical students. He chairs family medicine's Resident Curriculum Committee.

Dr. Jester is a 1992 graduate of East Carolina University School of Medicine. He completed his family medicine residency and a faculty development fellowship at MCG. He served as chief resident in family medicine from 1994-1995.

Dr. David M. Jester supervises patient examination

Mission-Based Management Offers New Approach

Peggy O'Leary Seigler

The Medical College of Georgia School of Medicine is initiating

MCG School of Medicine Dean Darrell Kirch speaks with Atlanta School of Medicine alumni at Kennestone Hospital meeting Oct. 14.

Mission-Based Management, a unique approach to advancing its mission.

"Now is the best time to implement MBM, because we are in the midst of transformation," said Dr. Darrell Kirch, dean of the School of Medicine and senior vice president for clinical activities. "It is a different time in health care. MBM gives us the information we need to make sound decisions."

MBM creates a new management model of open books and peer accountability supported by tools that measure faculty productivity and provide integrated financial tracking on a mission-specific basis, at three levels: the school, department and individual faculty member.

It is a different time in health care. Mission-Based Management gives us the information we need to make sound decisions.

This type of management complements the school's values-based leadership, according to Dr. Kirch. "Shared values provide the fundamental strength we share," he said. "It is important that we are concrete in defining these values. MBM can help us do that."

Key objectives of MBM are understanding sources and uses of funds by mission and establishing consistent measures of contribution in each mission in all departments. MBM also develops a leadership model giving department chairmen responsibility and accountability for schoolwide performance.

The benefits of the plan include an unraveling of finances, so there is a better understanding of the funding flow and a rational way to allocate resources. "MBM will help us actuate accountings of our resources, so we can direct or redirect resources where they are most needed," said Dr. Kirch.

Also, the management plan supports performance-based employee compensation. "MBM helps us understand where there are inequalities—where performance goes unrecognized and where lack of performance is rewarded," said Dr. Kirch.

Plus, MBM creates a tracking system for the costs of uncompensated care, education and unfunded research. This will eliminate a main concern that money appropriated for education is being used for non-educational activities.

"It will mean a lot of work for everyone—the individual, the department and the school. But the positives will outweigh the negatives," said Dr. Kirch.

For further information, log onto the School of Medicine's MBM web site at www.mcg.edu/mcg/mbm or call the MCG Mission Based Management office at (706) 721-7237.

Dr. Rahn Named Medical Director

Toni Baker

Dr. Daniel W. Rahn, professor of medicine and vice dean for clinical affairs of the Medical College of Georgia School of Medicine, has been named to the new position of medical director for the MCG Healthcare System.

He will facilitate quality, cost-effective health care at MCG Hospital and Clinics. He also has been named associate chief of staff for quality management for MCG Hospital and Clinics and director of the Office of Medical Management.

"MCG needs a thriving clinical program as a platform for our academic mission," Dr. Rahn said. "In order to thrive we must have a robust and coordinated way of evaluating the quality and costs of our clinical services."

He will oversee the Departments of Utilization Management and Quality Management within MCG Hospital and Clinics and will work with MCG's medical staff to optimize patient care and cost efficiency.

Resident Receives Grant

Dr. Run Wang, a third-year urology resident at the Medical College of Georgia, is a 1999 Pfizer Scholars in Urology Grant recipient.

Dr. Wang will use the grant to support his study of new ways to diagnose and treat erectile dysfunction. He was nominated by Dr. Ronald W. Lewis, chief of the MCG Section of Urology.

Simulator Is a Shot in the Arm

Deborah G. Steele

As a junior nursing student, Kelly Gurganus knows that the more practice she has giving intravenous injections, the better off her future patients will be. She's getting that practice—painlessly—with an IV simulator recently purchased by the MCG nurse anesthesia program.

"It's really neat," said Kelly, who is learning where and how to insert the needle in a simulated patient. "You can actually feel when you put the needle in far enough."

The junior class is the first group to use the IV simulator. Their predecessors were taught the proper injection method with a plastic IV arm which gave little feedback.

"The good thing about this is if you insert the needle properly and far enough, you can feel the sensation," said Dr. Duane Patterson, a biomedical engineer for the nurse anesthesia program. "The computer goes through a critique of how the student did and even has a playback feature so the student can review the procedure. One advantage is that students get to put all of the senses together. It's excellent in terms of experience."

The IV simulator consists of a computer and a small robotic system that mimics the feel of the procedure. A student selects a simulated patient—the computer database includes several with various backgrounds–and chooses the needle for the catheterization.

School of Nursing IV simulator

The student then uses the cursor to highlight the area of the body where the injection will be made. The computer provides instructive feedback in proper IV placement, sequence and procedures if the student makes a wrong choice.

"This (the IV simulator) has come a long way since I first saw it three years ago at a virtual reality conference," said Patricia Graham, director of the School of Nursing's Learning Resource Center and assistant professor of adult nursing. "I've been interested in technology in teaching for quite a while because students have different learning styles and speeds. This way they can adapt to that."

"It left me thinking, 'What else can we simulate?'" said nurse educator Laura Newman.

The simulator joins the human patient simulator in the nurse anesthesia department. "It's getting more and more difficult to get clinical practice patients because patients are so much sicker," said Dr. Patterson, noting that simulators better prepare students to care for the ailing population.

The $8,000 IV simulator was released commercially about a year ago by HT Medical Systems of Rockville, Md., and is used in nursing schools throughout the United States. "I think it's really neat that this was developed by nurses working with engineers," said Dr. Patterson. "I think this is the direction nursing is going."

Group Gives Support to Grandparents

Deborah G. Steele

John and Elizabeth Porter should be spending their retirement years traveling and visiting family and friends. Instead, they are helping to raise another generation.

"We weren't expecting to be doing this, but you've got to do what you've got to do," said Mr. Porter, explaining that his stepdaughter's drug habit led him and his wife to seek custody of their granddaughters, ages 3 and 8.

The Porters are not alone in their challenges of raising their grandchildren. Albert and Edyth Martin are raising

their 6-year-old grandson, whose mother was the victim of nearly fatal domestic violence that left her son handicapped and wheelchair-bound. The Martins said their daughter has emotional and physical scars from the incident but is still very involved in her son's life.

"This baby is just as precious as any I've got," said an emotional Mr. Martin, 63. "He just needs a little bit more. Me, as an old man, I'm thankful for my wife. She has to get up and take care of him. She's a walking miracle as far as I'm concerned. I thank God for her every day."

Mrs. Martin is thankful she has the stamina to care for her grandson. "You've got a lot of people who aren't able to do it," the 64-year-old grandmother said. "We had to stop asking why and have to ask, 'What can I do?'"

Mike Patton, a social worker in the Medical College of Georgia School of Nursing, is an advocate for those raising grandchildren. He works to get the children qualified under medical assistance programs, organizes monthly support group meetings for the grandparents and lends an ear to those needing to vent their frustrations or just talk.

"Some of the grandchildren are with their grandparents because of death or work, not because of abandonment or abuse," said Mr. Patton, who has a master's degree in social work. "These grandparents don't say, 'Man, I don't get enough.' It's a choice they've made to sacrifice for the family."

Many people in this situation turn to a higher being for the grace to get by. "I pray a lot," said Daisy Roberts, who is raising her 5-year-old disabled grandson. "That's the only way you can make it in today's society."

"Let me say that it is hard," said Pat Jones. "I go in my secret closet and pray for a little while and scream and go back to it."

Prayer can't hurt. Neither can the monthly support group meetings sponsored through MCG's Project Healthy Grandparents. The program was implemented in Augusta this year by Dr. Barbara Woodring, chairman of MCG's Parent-Child Nursing Department. MCG, Georgia State University in Atlanta and the Department of Human Resources fund the program, which is one of four in the state.

"There are over 4 million grandparents in the United States raising their grandchildren," said Mr. Patton. "The support groups are getting bigger and I hope we're getting better. I think, in talking with the group, one of the biggest differences I see is the community used to help raise the child and everyone was involved in helping raise that child. Now, they don't have that support system there."

Project Healthy Grandparents offers health screenings, counseling, legal services, mentoring, tutoring and parenting education classes.

The program is aimed at keeping children out of the formal foster care system and with a family member. Mary Chambers, assistant professor of parent-child nursing, coordinates monthly home visits by a nurse practitioner to make sure the grandparents are healthy.

While grandparents raising their grandchildren often choose the responsibility, some do it because of necessity. However, many say they wouldn't trade it for a thing. "We have a chance to do something we've never done before—to really nurture this grandchild," said Mr. Martin. "I say I'm lucky, really lucky. It makes it a little bit harder, but the satisfaction comes."

Students Reach Out to Elderly

Deborah G. Steele

A Medical College of Georgia professor has begun an outreach project to address the complexities of treating the elderly.

Students in the MCG School of Nursing's R.N.-to-B.S.N. program visit residents of an assisted-living complex monthly to check blood pressure, monitor glucose levels and offer classes on depression, memory enhancement and health promotion.

"I think it's one of the best things we've ever had," said Patricia Strickland, administrator of St. John Towers, a 266-apartment building in Augusta which is home to more than 250 senior citizens. "What I see and hear from the residents is that it helps a lot and is really great. It's been well-received."

The outreach program was begun last fall by students in the R.N.-to-B.S.N. program as a joint project with the Georgia Nurses Association's 10th district, said Dr. Saundra Turner, an associate professor of community health nursing. "It began as an assessment of a community and a health care plan for that community."

The assessment portion of the class included interviewing the residents, having them complete surveys and writing a paper on the needs of the community.

"These patients have health care questions that the students and I talk to them about," said Dr. Turner. "We also talk to them about their medication."

The students who participated in the program last year have graduated from MCG but continue helping with the monthly clinic. "They are learning how to talk and interact with the elderly and some of the concerns they have," said Dr. Turner. "The elderly population is growing, so it's an area where they need to increase their skills."

Claudia Alexander, a nurse in the spinal cord injury unit at the Department of Veterans Affairs Medical Center, said the program has been a good learning experience for her. "I enjoy working with the elderly," she said. "I think they have a lot to share and can pass down a lot to us if we take time to listen."

Ms. Alexander, a May graduate of the R.N.-to-B.S.N. program, said the community assessment component of the program was an eye opener. "It opened my eyes to the big picture of seeing how the entire community is involved in meeting the needs of the elderly."

Dr. Turner hopes to expand the project to include more and longer visits to St. John Towers. "We have talked about increasing our time there or opening up to other elderly housing areas," she said. The clinic is held the third Tuesday of each month from 5:30 to 7 p.m.

Medical College of Georgia
Division of Institutional Relations
Augusta, Georgia 30912

Non-Profit
Organization
U. S. Postage
PAID
Augusta, GA
Permit No. 210

THE NEW WORD IN MRI

tunnelectomy

(tŭn-əl-ĕk′tə-mē) *n.*

1. The complete removal of a tunnel.

OPEN MRI OF GEORGIA

The Largest OPEN MRI Network In The State:

Atlanta
3200 Cobb Galleria Parkway
Suite 120
Atlanta, GA 30339
(770) 933-1963
(770) 933-0763 fax

Albany
2416-C Westgate Boulevard
Albany, GA 31707
(912) 483-9888
(912) 436-2732 fax

Athens
845 Prince Avenue
Athens, GA 30606
(706) 549-1118
(706) 549-4772 fax

Conyers
2287 Salem Road
Conyers, GA 30013
(770) 760-0660
(770) 761-8878 fax

DeKalb
2601 North Decatur Road
Decatur, GA 30033
(404) 329-0656
(404) 329-0207 fax

Douglasville
5788 Fairburn Road
Douglasville, GA 30134
(770) 947-8100
(770) 947-3404 fax

NE Georgia
425 Broad Street
Gainesville, GA 30501
(770) 718-9776
(770) 718-1910 fax

N. Fulton
11660 Alpharetta Highway
Suite 145
Roswell, GA 30076
(770) 619-9976
(770) 619-9266 fax

TOLL FREE 1-877-674-6342